** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury

Governance

Activities &

Expenses

10

Go to www.irs.gov/Form990 for instructions and the latest information. ernal Revenue Service Inspection A For the 2022 calendar year, or tax year beginning JUN 1, 2022 and ending MAY 31, 2023 Check if applicable C Name of organization D Employer identification number CONSUMER REPORTS, INC. Name change 13-1776434 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 101 TRUMAN AVENUE 914-378-2000 term City or town, state or province, country, and ZIP or foreign postal code 252,232,466. G Gross receipts \$ Amended return YONKERS, NY 10703-1044 H(a) Is this a group return Applica-F Name and address of principal officer: MARTA L. TELLADO for subordinates? Yes X No endina SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.CONSUMERREPORTS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1936 M State of legal domicile; NY Part I Summary 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 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) 16 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 673 5 6 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 11,054,394. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 3,083,323. 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 40,666,041. 32,905,583. Program service revenue (Part VIII, line 2g) 222,345,779 213,019,967. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,879,484 3,239,803. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 874,399. 510,602. 288,765,703. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 249,675,955. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 255,250, 29,000. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 105,418,695 110,838,046. 16a Professional fundraising fees (Part IX, column (A), line 11e) 180,732. 205,752. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 144 615 764 142,866,776. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 250,470,441. 253,939,574. 38, 295, 262, Revenue less expenses. Subtract line 18 from line 12 -4,263,619. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 489,278,180, 462,111,873. 21 Total liabilities (Part X, line 26) 198,795,994. 182,171,946. Net assets or fund balances. Subtract line 21 from line 20 22 290,482,186. 279,939,927. 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 Signature of officer Sign ERIC WAYNE SR. VP AND CFO Here Type or print name and title Date PTIN Print/Type preparer's name Check Preparer's signature EVAN W. SEEKAMP 03/22/24 Paid P01907071 self-employed Preparer Firm's name KPMG LLP 13-5565207 Firm's EIN Firm's address 345 PARK AVENUE Use Only NEW YORK, NY 10154-0102 Phone no. 212-758-9700 May the IRS discuss this return with the preparer shown above? See instructions X Yes

13-1776434

Pa	rt 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	E	
	WITH CONSUMERS FOR TRUTH, TRANSPARENCY, AND FAIRNESS IN THE		
	MARKETPLACE.		
2	Did the organization undertake any significant program services during the year which were n	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 p	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 service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its service accomplishments and the program service accomplishments accomplish to the program service accomplishment a	ogram services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others, the total exp	penses, and
	revenue, if any, for each program service reported.		
4a		29,000.) (Revenue \$	213,019,967.
	CONSUMER INFORMATION, PRODUCT INFORMATION: SEE SCHEDULE O FOR		
	ADDITIONAL INFORMATION.		
4b	(Code:) (Expenses \$ 17,683,193. including grants of \$) (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 \$\frac{\text{including grants of \$}}{\text{New }}	venue \$)
4e	Total program service expenses 216,054,026.		
			Form 990 (2022)

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CONSUMER REPORTS, INC. 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	_ A
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU.		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form 990 (2022) CONSUMER REPORTS, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	NI -
00	Did the executation report more than \$5,000 of grants or other assistance to exfer democtic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 4a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			_
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	_

Form	990 (2022) CONSUMER REPORTS, INC.	13-177643	4	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 673			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	5:11		За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	· · · · · · · · · · · · · · · · · · ·	4a	х	
b	If "Yes," enter the name of the foreign country CANADA				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
Ju	any contributions that were not tax deductible as charitable contributions?	-	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a	Х	
			7b	X	\vdash
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	es roquirod	10		
C	to file Form 8282?	•	7c		x
4			70		
	If "Yes," indicate the number of Forms 8282 filed during the year		7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-			
•			8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the constraint and in the contract of the		9a		\vdash
b			9b		
10	Section 501(c)(7) organizations. Enter:	ا ما			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
р	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	l., l			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40	amounts due or received from them.)	11b	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l l			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			ļ.,
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

Form **990** (2022)

If "Yes," complete Form 6069.

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 Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ___SEE SCHEDULE 0 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 X Upon request Another's website Other (explain on Schedule O) 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. 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

Form **990** (2022)

14550322 153541 246398

101 TRUMAN AVENUE, YONKERS, NY 10703-1044

Form 990 (2022) CONSUMER REPORTS, INC. 13-1776434 Page **7**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	ısat	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		T			17440	100)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (trustee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	шрег		1099-NEC)		and related
	below	Individual trustee or director	Institutional	ia.	Key employee	est co	Je.	•		organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) MARTA L. TELLADO	45.00									
PRESIDENT & CEO	0.00	Х		Х				853,636.	0.	33,522.
(2) ERIC WAYNE	45.00									
SR. VP & CFO	0.00			Х				469,612.	0.	73,039.
(3) JASON FOX	45.00									
VP, CHIEF DIGITAL OFFICER	0.00				Х			443,196.	0.	70,016.
(4) LAUREN STANICH	45.00									
VP, CHIEF MARKETING OFFICE	0.00				Х			441,285.	0.	71,303.
(5) MICHAEL HUBNER	45.00									
VP, GENERAL COUNSEL	0.00				Х			457,693.	0.	33,432.
(6) LIAM MCCORMACK	45.00									
VP, RESEARCH, TESTING & IN	0.00				Х			425,184.	0.	59,332.
(7) JESSICA FREIREICH	45.00									
SVP, CHIEF STRATEGY OFFICER	0.00				Х			399,674.	0.	69,733.
(8) ESTHER HAN	45.00									
VP, NEW PRODUCTS & SERVICE	0.00					Х		386,277.	0.	60,209.
(9) PETER DIRENZO	45.00									
CHIEF TECHNOLOGY OFFICER	0.00					Х		322,186.	0.	70,012.
(10) SHAR TAYLOR	45.00									
VP, CHIEF SOCIAL IMPACT OF	0.00				Х			361,851.	0.	30,031.
(11) HEATH GRAYSON	45.00									
CHIEF PRIVACY OFFICER & DE	0.00					Х		329,282.	0.	59,447.
(12) CORINNE OSBORN	45.00									
SR DIR LABOR & EMPL RELS	0.00					Х		321,412.	0.	62,886.
(13) RAFAEL PEREZ	45.00									
VP, CHIEF DIVERSITY OFFICE	0.00				Х			318,273.	0.	64,298.
(14) GENEA BELL	45.00									
VP, CHIEF PEOPLE OFFICER	0.00				Х			325,490.	0.	29,773.
(15) WENDY BOUNDS	45.00									
VP CHIEF CONTENT OFFICER	0.00					Х		314,962.	0.	28,639.
(16) KATHERINE MAHER	2.00									_
DIRECTOR THRU - 10/19/22	0.00	Х	_		_	_	-	0.	0.	0.
(17) ANNETTE LOVOI	2.00							_	_	_
DIRECTOR THRU 10/19/22	0.00	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hig	ghes	st Co	ompensated Employee	s (continued)	.9-
(A)	(B)			(()			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JAMESON KELLEHER	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(19) STEPHEN P. HOOVER	2.00									
VICE CHAIR - AS OF 10/21/22	0.00	Х						0.	0.	0.
(20) JOANNE HOVIS	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) KATHLEEN ENGEL	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) DEBORAH A. COWAN	2.00									
TREASURER	0.00	Х						0.	0.	0.
(23) BETSY D. SCOLNIK	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(24) NIKITRA BAILEY	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(25) TAREN STINEBRICKNER-KAUFFMAN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(26) ASTRID VERMEER	2.00									
VICE CHAIR - THRU 10/21/22	0.00	Х						0.	0.	0.
1b Subtotal								6,170,013.	0.	815,672.
c Total from continuation sheets to Part \	/II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)		<u></u> .	<u>.</u>	<u></u>	<u></u>	<u></u>		6,170,013.	0.	815,672.

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

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

Section B. Independent Contractors

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	14,545,004.
QUAD GRAPHICS		
N61 W23044 HARRY'S WAY, SUSSEX, WI 53089	PRINTING	5,316,188.
DIAMOND COMMUNICATIONS		
1209 31ST AVENUE, COUNCIL BLUFFS, IA 51501	FULFILLMENT SERVICES	5,029,113.
TELERX MARKETING INC.		
723 DRESHER RD, HORSHAM, PA 19044	MARKETING	4,195,911.
ACXIOM CORPORATION		
601 E THIRD STREET, LITTLE ROCK, AR 72201	INFORMATION TECHNOLOGY SERVICE	3,275,088.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization 95	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 CONSUMER REPO	ORTS, INC.								13-17764	134
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	1	Average Position		Reportable	Reportable	Estimated				
	hours	(c			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				Sd w		organization	(W-2/1099-MISC)	from the
	hours for	ordir	e e			ated 6		(W-2/1099-MISC)		organization
	related	ıstee	truste		9	bens				and related
	organizations below	ual tr	ional		ploye	tcom	١.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WILLIE E. MAY	2.00	=	=	0	<u> </u>	ΙΞ.	4			
DIRECTOR	0.00	Х						0.	0.	0.
(28) JOAQUIN ALVARADO	2.00								•	-
CHAIR	0.00	х						0.	0.	0.
(29) SONAL SHAH	2.00									
DIRECTOR AS OF 10/19/22	0.00	Х						0.	0.	0.
(30) MICAH L. SIFRY	2.00									
DIRECTOR THRU - 10/19/22	0.00	х						0.	0.	0.
(31) CALVIN SIMS	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(32) ELLEN TAUS	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(33) RUSSELL G. NOLES	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(34) MILLIE CHU BAIRD	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
						\vdash				
						_				
		-								
Total to Part VII, Section A, line 1c										

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Form 990 (2022) CONSUMER RIPART VIII Statement of Revenue

			Check if Schedule O	conta	ains a re	esponse (or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
جَ ۾			Fundraising events			1c					
fts, r A						1d					
<u>a</u> 🗟			Government grants (contr			1e	56,752.				
Sin			All other contributions, gifts,			10	7 7 7 7 2				
e ți		٠	similar amounts not included			1f	32,848,831.				
흕		~	Noncash contributions included in			1g \$	64,345.				
i d		_		imes i	a-11 _	ig φ	01,010.	32,905,583.			
OB		11	Total. Add lines 1a-1f				Business Code	32,303,303.			
_	_	_	ONLINE SUBSCRIP. SA	T.ES			900099	122,802,683.	111,748,289.	11,054,394.	
ice	2	-	SUBSCRIP., NEWSSTAN				513110	86,315,295.	86,315,295.	11,034,334.	
er ne			DATA INTELLIGENCE				519190	3,567,879.	3,567,879.		
n S		-	TESTING REVENUE				541380		334,110.		
Program Service Revenue		a	TESTING REVENUE				341300	334,110.	334,110.		
Š		e	AII . II								
-			All other program service	rever	nue			212 010 067			
		g	Total. Add lines 2a-2f					213,019,967.			
	3		Investment income (include					2 072 410			2 072 410
	_							3,072,419.			3,072,419.
	4		Income from investment of			ot bond p	roceeds	F10 C00			F10 600
	5		Royalties			D I	(°) D	510,602.			510,602.
					(1)	Real	(ii) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)) 							
	7	а	Gross amount from sales of		- 	curities	(ii) Other				
			assets other than inventory	7a	2,72	23,895.					
		b	Less: cost or other basis								
an (and sales expenses			56,511.					
ther Revenue			Gain or (loss)			67,384.					
æ			Net gain or (loss)					167,384.			167,384.
je	8	а	Gross income from fundraising	ng eve	ents (no	ot					
δ			including \$			of					
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from	-	-	ivities					
	10	а	Gross sales of inventory, I								
			and allowances								
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inve	entory					
S							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
eve		С									
Mis		d	All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns				249,675,955.	201,965,573.	11,054,394.	3,750,405.

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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 respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	20 000	20 000		
_	and domestic governments. See Part IV, line 21	29,000.	29,000.		
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,	4 651 586	1 805 426	2 471 937	374 223
_	trustees, and key employees	4,651,586.	1,805,426.	2,471,937.	374,223
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	90 075 640	66 700 661	11 426 152	1 050 026
	Other salaries and wages	80,075,640.	66,798,661.	11,426,153.	1,850,826
8	Pension plan accruals and contributions (include	7,999,422.	6,798,430.	1,037,480.	163,512
0	section 401(k) and 403(b) employer contributions)	12,175,741.	10,217,532.	1,673,352.	284,857
9	Other employee benefits	5,935,657.	4,951,492.	846,971.	137,194
0	Payroll taxes	3,333,037.	±, 551, ±32.	040,311.	131,135
1	Fees for services (nonemployees):				
	Management	415,478.		398,819.	16,659
	Legal	642,084.		642,084.	10,032
	Accounting	042,004.		012,001.	
	Lobbying	205,752.			205,752
	Professional fundraising services. See Part IV, line 17	430,318.		430,318.	200,702
	Investment management fees	150,510.		130,310.	
g	column (A), amount, list line 11g expenses on Sch O.)	13,807,602.	12,707,882.	1,080,153.	19,567
2	Advertising and promotion	29,088,404.	28,571,059.	67,032.	450,313
3		766,001.	588,086.	166,549.	11,366
13 14	Office expenses	6,917,826.	5,438,841.	1,417,552.	61,433
1 4 15		0,527,626	0,100,011.	2,117,001.	02,200
15 16	Royalties Occupancy	3,313,975.	2,583,352.	724,080.	6,543
7		692,453.	594,892.	84,283.	13,278
8	Payments of travel or entertainment expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	
10	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	254,695.	192,168.	41,469.	21,058
20		1,135,268.		1,135,268.	
21	Payments to affiliates	_,,,			
22	Depreciation, depletion, and amortization	15,952,533.	15,366,690.	556,397.	29,446
3	I	1,367,802.		1,367,802.	22,210
3 4	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 0.)				
а	POSTAGE AND SHIPPING	25,315,668.	21,656,955.	10,364.	3,648,349
b	PRINTING & PUBLICATION	15,410,430.	12,833,716.	1,956.	2,574,758
C	ORDER PROCESSING	11,541,922.	10,001,995.	17,683.	1,522,244
d	PRODUCT TESTING	4,161,036.	4,161,036.	, , , , , ,	,,-
	All other expenses	11,653,281.	10,756,813.	723,066.	173,402
25	Total functional expenses. Add lines 1 through 24e	253,939,574.	216,054,026.	26,320,768.	11,564,780
<u>:0</u> :6	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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			793,304.	1	1,036,601
	2	Savings and temporary cash investments			43,323,936.	2	17,391,744
	3	Pledges and grants receivable, net			1,148,509.	3	2,499,378
	4	Accounts receivable, net			6,167,781.	4	6,850,437
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			3,212,129.	8	4,607,972
¥	9	Prepaid expenses and deferred charges			8,336,966.	9	8,323,739
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	255,129,937.			
	b	Less: accumulated depreciation	10b	201,703,874.	54,499,464.	10c	53,426,063
	11	Investments - publicly traded securities		364,659,799.	11	361,329,959	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,136,292.	15	6,645,980	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	489,278,180.	16	462,111,873
	17	Accounts payable and accrued expenses			25,312,924.	17	23,580,399
	18	Grants payable		18			
	19	Deferred revenue		109,661,018.	19	104,736,696	
	20	Tax-exempt bond liabilities		32,275,000.	20	30,615,000	
	21	Escrow or custodial account liability. Complete	of Schedule D		21		
ş	22	Loans and other payables to any current or for	mer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the		22			
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables t	to related third			
		parties, and other liabilities not included on line	es 17-24).	. Complete Part X			
		of Schedule D			31,547,052.		23,239,851
	26				198,795,994.	26	182,171,946
G		Organizations that follow FASB ASC 958, ch	eck here	X			
Ce		and complete lines 27, 28, 32, and 33.			000 000 465		000 554 000
lar	27	Net assets without donor restrictions			278,803,465.	27	272,554,032
B	28	Net assets with donor restrictions	11,678,721.	28	7,385,895		
ŭ		Organizations that do not follow FASB ASC	958, che	ck here			
F F		and complete lines 29 through 33.					
ţ2	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			200 400 400	31	272 222 227
Š	32	Total net assets or fund balances			290,482,186.	32	279,939,927
	33	Total liabilities and net assets/fund balances			489,278,180.	33	462,111,873 Form 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	249	675,	955.	
2	2 Total expenses (must equal Part IX, column (A), line 25)				574.	
3	3 Revenue less expenses. Subtract line 2 from line 1					
4						
5	Net unrealized gains (losses) on investments	5	-5	,389,	652.	
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		-888,	988.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	279	,939,	927.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
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.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2022)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Nam	e of t	the organization					E		identification number
-			ER REPORTS, INC						13-1776434
Pa		Reason for Public (See instructions.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1	Щ	A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2	\sqsubseteq	A school described in sect		•					
3	Щ	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i	ii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	overnmental unit	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	ntial part of its support for	rom a gove	ernmental	unit or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of th	ne college	or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support fr	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry	y out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 50	9(a)(3). C	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 1	2g.	
а			anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typ	ically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees	of the su	pporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b			anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d			integrated. A supp	oorting organization oper	ated in co	nnection w	vith its supporte	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and a	ın attentiv	reness
		requirement (see instructi	ions). You must con	mplete Part IV, Sections	A and D,	and Part	V.		
е		☐ Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
		er the number of supported o	•						
<u>g</u>		vide the following information			I (iv) le the oraș	anization listed	1		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of n support (see inst	•	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see inst	iructions)	support (see instructions)
					-		-		
Tota	ı								

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	71		,			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	, ,	` ,	` ,	` ,	` ,	,
membership fees received. (Do not						
include any "unusual grants.")	35,065,192.	31,958,978.	36,061,646.	40,666,041.	32,905,583.	176,657,440.
2 Tax revenues levied for the organ-						
ization'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	35,065,192.	31,958,978.	36,061,646.	40,666,041.	32,905,583.	176,657,440.
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)						7,866,060.
6 Public support. Subtract line 5 from line 4.						168,791,380.
Section B. Total Support						, ,
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	35,065,192.	31,958,978.	36,061,646.	40,666,041.	32,905,583.	176,657,440.
8 Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources	2,575,454.	2,426,959.	2,100,633.	2,675,234.	3,583,021.	13,361,301.
9 Net income from unrelated business	, ,	, ,	, ,	, ,	, ,	, , , , , , , , , , , , , , , , , , , ,
activities, whether or not the						
business is regularly carried on	2,117,392.	3,287,901.	4,771,700.	3,417,919.	3,083,323.	16,678,235.
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						206,696,976.
12 Gross receipts from related activities	etc (see instruction	ine)			12 1	,045,866,313.
13 First 5 years. If the Form 990 is for t			ourth or fifth tax v	ear as a section 50		
organization, check this box and sto			•			
Section C. Computation of Publ		centage				
14 Public support percentage for 2022	··		olumn (f))		14	81.66 %
15 Public support percentage from 202	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	(//		15	82.37 %
16a 33 1/3% support test - 2022. If the						
stop here. The organization qualifies						
b 33 1/3% support test - 2021. If the						—
and stop here. The organization qua						
17a 10% -facts-and-circumstances tes						
and if the organization meets the fac						
meets the facts-and-circumstances to			=		•	
b 10% -facts-and-circumstances tes	•	•		•	7a, and line 15 is	
						10/0 UI
more, and if the organization meets t				-		
organization meets the facts-and-circ	umstances test. III	e organization qua	inico ao a publiciy	aupported organiz	.a.ı011	
18 Private foundation. If the organization	on did not chook a l	nov on line 19 16a	16h 17a ar 17h	check this boy a	nd cap 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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	() 0040	(1) 0040	() 0000	(1) 0004	() 0000	(n) T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
L	and income from similar sources Unrelated business taxable income						
L	(less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
,	acquired after June 30, 1975 Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third. t	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
	check this box and stop here	-			•		
Se	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
- 0		
9a		
9b		
9с		
10a		
401		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2	oxdot	
Sec	tion C. Type II Supporting Organizations			
	r		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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	ti dotion	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? 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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
b	· · · · · · · · · · · · · · · · · · ·			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh-		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		3b		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	JD	, !	İ

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations				
1	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 mus		•				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
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					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
_2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt 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 purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	i	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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.

CONSUMER REPORTS, INC.

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Employer identification number

13-1776434 CONSUMER REPORTS. TNC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

CONSUMER REPORTS, INC.

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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page

Name of organization

Employer identification number

CONSUMER REPORTS, INC.

13-1776434

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

Schedule B (Form 990) (2022) Page 4

Name of o	rganization			Employer identification number			
CONSUMER	R REPORTS, INC.			13-1776434			
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in s	section 501(c)(7), (8), or (10) th	nat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. o	once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
1 4111							
-		(e) Transfer of g	nift				
		(c) Transfer of g	, .				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I	(2)	(0,000 0. g	(, 2 5 5	9a			
-							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
			•				
(a) No. from	(b) Purpose of gift	(a) Llog of gift	(d) Doo	orintian of how gift is hold			
Part I	(b) Furpose of gift	(c) Use of gift	(d) Desi	cription of how gift is held			
	·						
-							
		(e) Transfer of g	jift				
	Transferee's name, address, a	nd 7 ID ± 4	Relationship of tra	insferor to transferee			
-			riciationismp of the				
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	·						
		(e) Transfer of g	jift				
	Townston 1	- 1 7ID 4	Balan II II				
-	Transferee's name, address, a	na ZIP + 4	Helationship of tra	insferor to transferee			
J		1					

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Name of orga	wization	ions. Complete Part III.		E-	nployer identification number
Name of orga		PODES INC		[-	13-1776434
Part I-A		SPORTS, INC. anization is exempt und	ler section 501(c)	or is a section 527	
1 Provide2 Political	a description of the organiz campaign activity expendit	ation's direct and indirect politic ures gn activities	cal campaign activities i	n Part IV.	\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1 Enter the 2 Enter the 3 If the org 4a Was a co	e amount of any excise tax e amount of any excise tax ganization incurred a section	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?		\$ Yes
Part I-C	Complete if the org	anization is exempt und	ler section 501(c).	except section 501	(c)(3).
2 Enter the exempt	e amount directly expended e amount of the filing organ function activities	by the filing organization for se ization's funds contributed to ot	ection 527 exempt funct	ion activities	. , , ,
		. Add lines 1 and 2. Enter here a			Φ
		1120-POL for this year?			
5 Enter the made particular contribution	e names, addresses and em ayments. For each organiza tions received that were pro	inployer identification number (El tion listed, enter the amount pai comptly and directly delivered to additional space is needed, prov	N) of all section 527 pol id from the filing organiz a separate political orga	litical organizations to wh ation's funds. Also enter anization, such as a sepa	nich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and

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

Schedule C (Form 990) 2022

LHA

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		,		- · ,· ·				9
P		Complete if the org ection 501(h)).	janization is ex	empt under section	n 501(c)(3) and file	ed Form 5768 (ele	ection und	er
— A	Check		ation belongs to an	affiliated group (and list in	Part IV each affiliated	group member's nam	e address Fl	N
•	OHOOK _	expenses, and sha	J	0 . (Traitiv caorrannacea	group mombor o nam	io, addi 000, Ei	,
B	Check	if the filing organiza	ation checked box A	and "limited control" pro	ovisions apply.			
			its on Lobbying Ex ditures" means an	penditures nounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated total	
-	1a Total lobby	ring expenditures to infl	uence public opinio	n (grassroots lobbying)				
	b Total lobby	ing expenditures to infl	uence a legislative l	oody (direct lobbying)				
	c Total lobby	ring expenditures (add li	ines 1a and 1b)					
		npt purpose expenditure						
				1d)				
			I	the following table in bot				
		nt on line 1e, column (a) c		lobbying nontaxable am				
	Not over \$	•		of the amount on line 1e.				
		,000 but not over \$1,000		000 plus 15% of the exc				
		00,000 but not over \$1,5		,000 plus 10% of the exc				
	Over \$1,50	00,000 but not over \$17,		,000 plus 5% of the exce 00,000.	ss over \$1,500,000.			
	Cover \$17,0	000,000	Φ1,0	50,000.				
_	a Grassroots	nontaxable amount (er	nter 25% of line 1f)					
	-	ne 1g from line 1a. If zer	•					
	i Subtract li	ne 1f from line 1c. If zero	o or less, enter -0-					
	j If there is a	an amount other than ze	ero on either line 1h	or line 1i, did the organiz				
_	reporting s	ection 4911 tax for this	year?				Yes	No No
		(Somo organizations t		Averaging Period Under n 501(h) election do not	• •	of the five columns b	olow	
		(Some organizations t		parate instructions for li	•	or the live columns b	eiow.	
			Lobbying Ex	penditures During 4-Ye	ar Averaging Period			
		endar year rear beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) To	tal
_2		nontaxable amount						
	, ,	ceiling amount ne 2a, column(e))						
	c Total lobby	ying expenditures		_				
	d Grassroots	s nontaxable amount						
		ceiling amount						
	(150% of li	ne 2d, column (e))						
_	f Grassroots	s lobbying expenditures						
	. Grassioots	s loop ying expenditures	1		1		l .	

Schedule C (Form 990) 2022

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
	e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers?	Х			
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?		х		0.
	Mailings to members, legislators, or the public?	Х			47,747.
	Publications, or published or broadcast statements?	Х			112,645.
	Grants to other organizations for lobbying purposes?		х		0.
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			104,991.
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			327.
	Other activities?		Х		
j	Total. Add lines 1c through 1i				265,710.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or se	ction	
	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	e prior year	? 3		
rai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		• •		3, is
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).				
а	Current year		2a		
	Carryover from last year				
	Total				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the excee				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. LII-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II	A, lines 1	and 2 (See	
LINE	1A - VOLUNTEERS TESTIFY BEFORE CONGRESS AND STATE LEGISLATURES;				
SPEA	AK AT PRESS CONFERENCES REGARDING STATE AND FEDERAL LEGISLATION;				
LOBE	BY LEGISLATORS.				
LINE	2 1B - PAID STAFF OR MANAGEMENT: PLEASE SEE BELOW ACTIVITIES, AS				

Schedule C (Form 990) 2022

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 Inspection

Name of the organization

CONSUMER REPORTS, INC.

Employer identification number

13-1776434

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
_	Total accept on at and of cook	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
b			I I
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year	noment is leasted	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	g,	······································	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year
			5 ,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
2		acures or other similar assets for financia	
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP.		ıı gaiii, provide
_	the following amounts required to be reported under FASB A	· ·	¢
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

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0.1	CONCINED DI	EDODMC TNO				13	1776434	_	- o
	dule D (Form 990) 2022 CONSUMER RI	EPORTS, INC.	t Historical Tr	easures or Othe	r Si				Page 2
3	Using the organization's acquisition, accessicallection items (check all that apply):						-	<u>nuea)</u>	
а	Public exhibition	C	Loan or ex	change program					
b	Scholarly research	•		0 . 0					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how thev further t	the organization's exe	mpt	purpose in F	art XIII.		
5	During the year, did the organization solicit o		•	~	-				
	to be sold to raise funds rather than to be ma		•	•			Yes		No
Par	t IV Escrow and Custodial Arran							r	
	reported an amount on Form 990, Pa						,	•	
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermed					Yes		□ No
h	If "Yes," explain the arrangement in Part XIII								
	ii roo, oxpiaii tile arrangement iii at xiii	and complete the lo	nowing table.				Amou	nt	
С	Beginning balance					1c			
	Additions during the year					1d			
						1e			
f	Distributions during the year					1f			
	Ending balance Did the organization include an amount on Fe						Yes	\neg	No
	· ·		•		•		res	F	
Par	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete in								
		(a) Current year	(b) Prior year	(c) Two years back		Three years ba	ack (e) Fou	ur years	s back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,	, ,		 `		()		
	Contributions				1				
	Net investment earnings, gains, and losses				1				
	Grants or scholarships				1				
	Other expenditures for facilities								
·									
	Administrative expenses								
g 2	Provide the estimated percentage of the curr	cont year and halanc	o (lino 1a, column (a)) hold as:					
a	Board designated or quasi-endowment	ent year end balanc	e (iirie 19, coluitii) (i %	a)) Held as.					
	Permanent endowment	%							
		% %							
C	The percentages on lines 2a, 2b, and 2c sho	•							
2-	, ,		ation that are hold a	and administered for t	h				
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered for t	ı I C			Yes	No
	organization by:						0-0		+140
	(i) Unrelated organizations								+-
	(ii) Related organizations	Atama Paka I					3a(ii)	+	+-
	If "Yes" on line 3a(ii), are the related organizate of the perceipe in Part XIII the intended uses of the			,			3b		

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.

Complete if the diganization answered Tes Officiality, line Tra. See Form 990, Fart X, line To.								
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		74,474,667.	54,434,132.	20,040,535.				
c Leasehold improvements		795,261.	769,296.	25,965.				
d Equipment		29,151,579.	25,980,402.	3,171,177.				
e Other		138,773,175.	120,520,044.	18,253,131.				
Total. Add lines 1a through 1e. (Column (d) must equa	53,426,063.							

Schedule D (Form 990) 2022

Ochicadic D (i offit 330) 2022	,	
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)		

(9)
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)
Part IX Other Assets.

(6) (7) (8)

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	4,478,211.			
(3)	CHARITABLE GIFT ANNUITY AND CRUT LIABILITY	9,077,883.			
(4)	457(B) LIABILITY	4,893,796.			
(5)	LIABILITY DERIVATIVE INSTRUMENT	1,628,358.			
(6)	LIFETIME SUBSCRIBER LIABILITY	1,269,000.			
(7)	RIGHT OF USE LIABILITIES	239,000.			
(8)	RENT INCENTIVE LIABILITY	23,684.			
(9)	OTHER LIABILITY (FUTURE SEVERANCE)	1,629,919.			
Total.	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				

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

Schedule D (Form 990) 2022

13-1776434

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			242 097 000
1				1	243,087,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	-5,389,652.		
a	5		3,303,032.	-	
b	Donated services and use of facilities			-	
c d	Recoveries of prior year grants Other (Describe in Part XIII.)	1 4 - 1	-888,261.	-	
e e				2e	-6,277,913.
3	Subtract line 2e from line 1			3	249,364,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a		4a	310,425.		
b			617.		
c				4c	311,042.
					249,675,955.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	253,629,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		2a			
b					
С	.				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	253,629,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	310,425.		
b	Other (Describe in Part XIII.)	4b	149.		
С	Add lines 4a and 4b			4c	310,574.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	253,939,574.
Ра	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X, I	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inform	ation.		
ח א ח ר	n w rithin 1.				
PAR'	F X, LINE 2:				
TOTAL	40 INCEDMATAINS TAL MAYED				
FIN	48 UNCERTAINTY IN TAXES				
ומאז	ER THE PROVISIONS OF SECTION 501(C)(3) OF THE CODE, CR IS	EVEMDT EDOM			
OINDI	ER THE PROVISIONS OF SECTION SUITCH(S) OF THE CODE, CR IS	EXEMPT FROM			
וצגיי	ES ON INCOME, EXCEPT FOR UNRELATED BUSINESS INCOME RELATED	TO REFERRAT.			
IAAI	SO ON INCOME, EXCELL FOR UNKERNIED DUSINESS INCOME REBRIED	TO KEI EKKAL			
PEES	S DESCRIBED IN NOTE 2(A) FOR THE YEARS ENDED MAY 31 2023	AND 2022			
	S DESCRIBED IN NOTE 2(A). FOR THE YEARS ENDED MAY 31, 2023	11112 2022,			
PROV	VISIONS FOR INCOME TAXES WERE \$907 AND \$999, RESPECTIVELY.				
IN A	ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, CR EVALUATED	ITS TAX			
	,				
POS	ITIONS AND DETERMINED THAT ALL ARE MORE LIKELY THAN NOT TO	BE SUSTAINED			
UPOI	N EXAMINATION. ACCORDINGLY, CR BELIEVES THAT THERE ARE NO	UNRECOGNIZED			
BENI	EFITS OR APPLICABLE INTEREST AND PENALTIES THAT SHOULD BE	RECORDED.			

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** CONSUMER REPORTS, INC. 13-1776434 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? 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.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE 0 0 PROGRAM SERVICES PUBLICATION INFO. 761,783. 796,129. NORTH AMERICA 0 0 PROGRAM SERVICES PUBLICATION INFO. 0 0 1,557,912. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 1,557,912. and 3b)

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

Schedule F (Form 990) 2022

CONSUMER REPORTS, INC.

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)	
exempt 501(c)(3) orga	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Part III Grants and Other Assistance Part III can be duplicated if a			tes. Complete i	f the organization answered "Yes" o	on Form 990, Part	IV, line 16.	J
(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)

Schedule F (Form 990) 2022 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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	X 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	X 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	X No

Schedule F (Form 990) 2022

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)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	E						Employer identification number			
CONSUMER R	EPORTS, INC.					13-177643	4			
Part I Fundraising Activities	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not			
required to complete this par										
1 Indicate whether the organization rais	sed funds through any of the followin	g activ	ities. (Check all that apply.						
a X Mail solicitations			-	-						
b X Internet and email solicitation	s f Solicita	tion of	gover	nment grants						
c Phone solicitations	g Special	fundra	aising	events						
d X In-person solicitations										
2 a Did the organization have a written	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or				
key employees listed in Form 990, F	Part VII) or entity in connection with p	rofessi	onal fu	undraising services?		X Yes	No			
b If "Yes," list the 10 highest paid indi	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	าe fur	ndraiser is to be)			
compensated at least \$5,000 by the	e organization.									
		(iii)	Did		(v)	Amount paid	(3) A			
(i) Name and address of individual	(ii) Activity	fundi	raiser	(iv) Gross receipts	tò (c	or retained by)				
or entity (fundraiser)	(ii) / totavity	or cor	ntrol of	from activity			organization			
GTDD GDDIDDGTDG 11G 1520	Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not defunds through any of the following activities. Check all that apply. e									
GIFT STRATEGIES LLC - 1539		Yes				16 050	16 050			
FALL RIVER AVE, SEEKONK, MA			X	0.		16,250.	-16,250.			
FREEWILL CO - PO BOX 501051,						40 500	40 500			
INDIANAPOLIS, IN 46250			X	0.		49,500.	-49,500.			
PARISE MARKETING GROUP, INC.						F0 611	F0 611			
- 2487 ROUTE 55, SUITE E,			X	0.		59,611.	-59,611.			
EIDOLON COMMUNICATIONS - 15						20 010	20 010			
MAIDEN LN, STE 1401, NEW			X	0.		30,210.	-30,210.			
TOM GAFFNY CONSULTING - 71						0.450	0.450			
CLIFF ROAD, WELLESLEY, MA			X	0.		8,450.	-8,450.			
ARJUNA SOLUTIONS, INC 712						44 530	41 530			
H ST NE, UNIT 922,	MAIL FUNDRAISING		X	0.		41,/32.	-41,/32.			
		-								
										
										
										
Tatal						205 753	_205 753			
or licensing.	on is registered or licerised to solicit to	COTILID	utions	or has been notined	IL IS E	exempt from reg	gistration			
	T. KS KY T.A ME MD MA MT MN M	IS MO	NV N	H N.T NM						
NY NC ND OH OK OR PARI SC TN U		,,,,,,,	, 100 , 10	11,110,1111						
M1,N0,N2,0N,0N,1N,N1,20,1N,0	2, , , , , , , , , , , , , , , , , , ,									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Pa	rt I					
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
ven		Grass receipts				
Be	•	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9					
	10					
	11					
Pa	ırt i		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		ψ13,000 011 0111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u>.</u>	1	Gross revenue				
es	2	Cash prizes				
=xpens	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	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	En	ter the state(s) in which the organization condu	cts gaming activities:			
			_			Yes No
b	If "	No," explain:				
	_					
				rminated during the tax y	ear?	Yes No
J	"	100, OAPIGITI.				
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net norme summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 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?						

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 CONSUMER REPORTS, INC.	13-1776434 F	Page 3
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		
to administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books a		
The Eliter the halfe and address of the person the property the organization organization of gamming, opposite events become	ina recorde.	
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	nue? Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization \$ a	nd the amount	
	id the amount	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
News		
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.		
		_

Schedule G (Form 990) CONSUMER REPORTS, INC.	13-1776434	Page 4
Schedule G (Form 990) CONSUMER REPORTS, INC. Part IV Supplemental Information (continued)		

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.

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization	DMC INC						Employer identification number 13-1776434
Part I General Information on Grants a							13-1770434
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	to substantiate the stance?	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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)	10,000.	0.			ARCHIVES PROJECT
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	-	-					

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

CONSUMER REPORTS, INC. 13-1776434 Schedule I (Form 990) 2022 Page 2 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 (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash 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

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number CONSUMER REPORTS, INC. 13-1776434

Pa	art I Questions Regarding Compensation			
	·		Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
	, , , , , , , , , , , , , , , , , , , ,			
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.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	7	Х	
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		l

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARTA L. TELLADO	(i)	751,598.	72,787.	29,251.	30,500.	3,022.	887,158.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIC WAYNE	(i)	424,147.	20,000.	25,465.	30,500.	42,539.	542,651.	0.
SR. VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JASON FOX	(i)	403,168.	17,000.	23,028.	30,327.	39,689.	513,212.	0.
VP, CHIEF DIGITAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAUREN STANICH	(i)	408,941.	17,000.	15,344.	29,114.	42,189.	512,588.	0.
VP, CHIEF MARKETING OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL HUBNER	(i)	420,650.	13,000.	24,043.	30,500.	2,932.	491,125.	0.
VP, GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LIAM MCCORMACK	(i)	296,040.	10,000.	119,144.	29,661.	29,671.	484,516.	0.
VP, RESEARCH, TESTING & IN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JESSICA FREIREICH	(i)	385,938.	12,500.	1,236.	30,044.	39,689.	469,407.	0.
SVP, CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ESTHER HAN	(i)	349,189.	10,000.	27,088.	29,102.	31,107.	446,486.	0.
VP, NEW PRODUCTS & SERVICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PETER DIRENZO	(i)	310,540.	6,000.	5,646.	30,500.	39,512.	392,198.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHAR TAYLOR	(i)	342,496.	10,000.	9,355.	27,158.	2,873.	391,882.	0.
VP, CHIEF SOCIAL IMPACT OF	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HEATH GRAYSON	(i)	311,916.	3,500.	13,866.	30,500.	28,947.	388,729.	0.
CHIEF PRIVACY OFFICER & DE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CORINNE OSBORN	(i)	298,323.	16,500.	6,589.	30,265.	32,621.	384,298.	0.
SR DIR LABOR & EMPL RELS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RAFAEL PEREZ	(i)	303,986.	10,000.	4,287.	29,058.	35,240.	382,571.	0.
VP, CHIEF DIVERSITY OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GENEA BELL	(i)	318,490.	7,000.	0.	16,714.	13,059.	355,263.	0.
VP, CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) WENDY BOUNDS	(i)	270,362.	15,000.	29,600.	26,700.	1,939.	343,601.	0.
VP CHIEF CONTENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
DURING THE YEAR, LIAM MCCORMACK RECEIVED SEVERANCE PAYMENTS TOTALING
\$94,537. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COL. B (III).
PART I, LINE 7:
MARTA TELLADO, ERIC WAYNE, MICHAEL HUBNER, JASON FOX, LAUREN STANICH, LIAM
MCCORMACK, JESSICA FREIREICH, ESTHER HAN, SHAR TAYLOR, HEATH GRAYSON, GENEA
BELL, PETER DIRENZO, CORINNE OSBORN, RAFEAL PEREZ, AND WENDY BOUNDS
RECEIVED DISCRETIONARY BONUS COMPENSATION IN CALENDAR YEAR 2022. THIS
AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN B (III).

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

Part I Bond Issues

CONSUMER REPORTS, INC.

Employer identification number 13-1776434

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price (f) Description ((f) Description of purpose		efeased	(h) On of is		(i) Po	
								Yes	No	Yes	No	Yes	No
CYIDA MULTI-MOD CIV. FAC. REV. BONDS						REFINANCE (RENOS OR HQ						
A S 2005	52-1294255	986083BN2	12/22/05	47,3	300,000.	FACILITY			х		х		Х
<u>B</u>													
<u>c</u>													
D													
Part II Proceeds													
				•		В	С				D		
1 Amount of bonds retired			16	,575,000.									
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	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	
14 Were the bonds issued as part of a refunding is	ssue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding issu	e)?		Х										
15 Were the bonds issued as part of a refunding is													
issued prior to 2018, an advance refunding iss				Х							\perp		
16 Has the final allocation of proceeds been made	?		Х								\perp		
17 Does the organization maintain adequate book													
final allocation of proceeds?			Х										

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 CONSUMER REPORTS, INC. 13-1776434 Page 2

Par	t III Private Business Use								
			4	E	3	(Ç	Г)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		
6	Total of lines 4 and 5	%			%		%		%
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the							i	
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Par	t IV Arbitrage								
		,	4	E	3	(Ç)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
	If "No" to line 1, did the following apply?		T						T
a	Rebate not due yet?		Х						
<u>b</u>	Exception to rebate?	Х							
c	No rebate due?		Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		1						T
3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2022 CONSUMER REPORTS, INC. 13-1776434 Page 3

Part IV Arbitrage (continued)									
	Ą		E	3	(2	Г)	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?	Х					<u> </u>			
b Name of provider	MORGAN ST	ANLEY							
c Term of hedge		30.5000000							
d Was the hedge superintegrated?		Х							
e Was the hedge terminated?		Х				<u> </u>			
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х							
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?		Х							
7 Has the organization established written procedures to monitor the									
requirements of section 148?		х				1			
Part V Procedures To Undertake Corrective Action									
		Α	E	В			D		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under						1			
applicable regulations?		х				1			
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedul	e K. See instru	uctions.		•				
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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

		CONSUMER REPORTS,	INC.				13-	-177643	4	
Par	tl 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	n	Method of noncash contri		_	s
1	Art - Works of	art								
2	Art - Historical	treasures								
3	Art - Fractional	interests								
4	Books and put	olications								
5	Clothing and h	ousehold goods								
6	Cars and other	r vehicles								
7	Boats and plan	nes								
8		perty								
9	Securities - Pu	blicly traded	Х	16	64,345	FAIR	MARKET VA	LUE		
10	Securities - Clo	osely held stock								
11	Securities - Pa	rtnership, LLC, or								
	trust interests									
12	Securities - Mis	scellaneous								
13	Qualified cons	ervation contribution -								
	Historic structi	ures								
14	Qualified cons	ervation contribution - Other								
15	Real estate - R	esidential								
16	Real estate - C	ommercial								
17	Real estate - O	ther								
18			1							
19		/								
20		dical supplies								
21	Taxidermy									
22	Historical artifa	acts								
23	Scientific spec	imens								
24		artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of For	ms 8283 received by the organ	ization durin	g the tax year for c	ontributions					
	for which the o	organization completed Form 8	283, Part V, D	Oonee Acknowledg	ement 29					
									Yes	No
30a	During the year	r, did the organization receive l	oy contribution	on any property rep	orted in Part I, lines 1 throu	gh 28, 1	that it			
	must hold for a	at least 3 years from the date o	f the initial co	ntribution, and whi	ich isn't required to be used	for				
	exempt purpos	ses for the entire holding period	ነ?					30a		Х
b	If "Yes," descr	ibe the arrangement in Part II.								
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								Х	
32a	Does the organ	nization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash					
	contributions?							32a		Х
b	If "Yes," descr	ibe in Part II.								
33	If the organizat	tion didn't report an amount in	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Pa	rt II.								
LHA	For Paperw	ork Reduction Act Notice, se	e the Instruc	tions for Form 990).		Schedule	M (Forr	n 990)	2022

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B)
THE NUMBER 16 REPRESENTS THE NUMBER OF GIFT ITEMS OR CONTRIBUTORS THAT
DONATED OF PUBLICLY TRADED SECURITIES RECEIVED BY CONSUMER REPORTS,
INC. IN FISCAL YEAR 2023. 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)

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.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CONSUMER REPORTS, INC.	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 IT'S EDUCATIONAL PURPOSE. THE	
NUMBER OF PAID SUBSCRIBERS FOR EACH AS OF 5/31/23 INCLUDE CONSUMER	
REPORTS MAGAZINE 2,632,673; CONSUMER REPORTS ON HEALTH 464,376; AND CR	
ONLINE 2,785,245. 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 5/31/23, CONSUMER REPORTS	
CONDUCTED TESTS AND EVALUATIONS ON MORE THAN 2200 MODELS OF VARIOUS	
CONSUMER PRODUCTS, MAKING USE OF ABOUT 60 LABORATORIES AND ITS AUTO	
1 HA For Panerwork Reduction Act Notice see the Instructions for Form 900 or 900-F7	Schadula (Form 990) 2022

Name of the organization **Employer identification number** CONSUMER REPORTS, INC. 13-1776434 TRACK. THE INFORMATION GATHERED AS RESULT OF THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC AS DESCRIBED ABOVE. FORM 990, PART III, LINE 4B CONSUMER REPORTS IS DEDICATED TO IMPROVING THE LIVES OF CONSUMERS AND CREATING A FAIR AND JUST MARKETPLACE FOR ALL OF US. WE ARE AN INDEPENDENT. NONPROFIT ORGANIZATION WITH 6 MILLION MEMBERS ACROSS THE U.S. CR SEEKS TO EMPOWER CONSUMERS WITH INFORMATION TO MAKE INFORMED DECISIONS ABOUT THE PRODUCTS THEY BUY. AS WELL AS INFORMATION TO ADVOCATE FOR CONSUMER RIGHTS. IN THE 87 YEARS SINCE CR WAS FOUNDED. WE HAVE BUILT A LEGACY OF TRUST AMONG CONSUMERS BY CONDUCTING EXPERT RIGOROUS SCIENCE-BASED TESTING OF PRODUCTS AND SERVICES, INCENTIVIZING CORPORATIONS TO PRIORITIZE SAFETY AND TRANSPARENCY. AND WORKING WITH POLICYMAKERS TO ENSHRINE THE RIGHTS AND INTERESTS OF CONSUMERS IN LAWS AND REGULATIONS. WE PROVIDE TRUSTED INFORMATION THROUGH TESTING RATINGS, AND REVIEWS; SURVEYS, REPORTS AND ANALYSES; AND INVESTIGATIVE AND SERVICE JOURNALISM - ALL OF WHICH IS DISSEMINATED THROUGH MULTIPLE DIGITAL AND PRINT PLATFORMS THAT REACH MORE THAN 15 MILLION PEOPLE EACH MONTH. THE PUBLIC CAN ACCESS SUBSTANTIAL FREE CONSUMER EDUCATION INFORMATION AS A PUBLIC SERVICE THROUGH CONSUMERREPORTS.ORG, CR SOCIAL MEDIA CHANNELS, WEBINARS, PARTNERSHIPS WITH 170 ENGLISH AND SPANISH LOCAL TV STATIONS, AND MEDIA COVERAGE. THESE COMBINED EFFORTS LEVERAGE CONSUMER DEMAND TO SHAPE A PRO-CONSUMER MARKETPLACE, AND WE ENGAGE DIRECTLY WITH INDUSTRY TO SET STANDARDS AND PROMOTE SAFETY, DIGITAL RIGHTS, FINANCIAL FAIRNESS AND SUSTAINABILITY PRINCIPLES IN THE DESIGN AND DELIVERY OF PRODUCTS AND SERVICES. CONSUMER REPORTS' LONGSTANDING

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CONSUMER REPORTS, INC. 13-1776434 COMMITMENT TO EDUCATING CONSUMERS AND ADVOCATING FOR LAWS. POLICIES AND PRACTICES THAT BENEFIT CONSUMERS IS EXEMPLIFIED BY OUR FY 23 (JUNE 1, 2022 THROUGH MAY 31, 2023) ACCOMPLISHMENTS, SOME OF WHICH INCLUDE: PRODUCT SAFETY: CR CHAMPIONS LANDMARK LAW TO HELP PREVENT DEADLY FURNITURE TIP-OVERS EVERY YEAR. MORE THAN 5.000 PEOPLE GO TO THE ER BECAUSE OF DRESSERS AND OTHER CLOTHING STORAGE UNITS THAT TIP OVER AND FALL ONTO THEM. AT LEAST 234 PEOPLE HAVE DIED OVER THE LAST TWO DECADES. ACCORDING TO THE CONSUMER PRODUCT SAFETY COMMISSION. TRAGICALLY, THE LARGE MAJORITY OF TIP-OVER VICTIMS ARE YOUNG CHILDREN. CR HAS WARNED CONSUMERS, FURNITURE MANUFACTURERS, AND POLICYMAKERS ABOUT THE DANGERS OF TIP-OVERS FOR YEARS. ONE OF THE FUNDAMENTAL PROBLEMS HAS BEEN THE LACK OF RULES FOR DRESSER STABILITY. MANUFACTURERS ONLY HAD A VOLUNTARY STANDARD TO GUIDE THEM. CR TESTED DOZENS OF DRESSERS. AND WE FOUND THAT COMPANIES WERE CAPABLE OF MAKING SAFE, STURDY PRODUCTS ACROSS A RANGE OF PRICE POINTS, BUT OTHER DRESSERS WERE UNSTABLE AND PRONE TO TIPPING OVER. WE PROVIDED FREE INFORMATION FOR HOW TO SECURE A DRESSER TO THE WALL WITH ANCHORS. MANY CONSUMERS TOLD US THEY WERE UNAWARE OF ANCHORS OR COULDN'T FIND THEM AT RETAILERS. SOME PEOPLE THOUGHT ANCHORS WERE UNNECESSARY OR TOO COMPLICATED TO USE, AND SOME HAD RENTAL HOMES WITH

RULES FOR PUTTING HOLES IN WALLS. IT WAS CLEAR THAT OFFERING ANCHORS

Employer identification number Name of the organization CONSUMER REPORTS, INC. 13-1776434 ALONE WAS NOT A SOLUTION, AND A VOLUNTARY SAFETY STANDARD WAS NOT SUFFICIENT. WE NEEDED A LAW. CR'S EXPERTS WENT TO CAPITOL HILL TO WORK WITH MEMBERS OF CONGRESS ON A BILL CALLED THE STURDY ACT. THE WORD "STURDY" STANDS FOR "STOP TIP-OVERS OF UNSTABLE, RISKY DRESSERS ON YOUTH." IT CREATES THE FIRST MANDATORY STABILITY STANDARD FOR DRESSERS AND SIMILAR FURNITURE, AND IT ALSO REQUIRES THEM TO BE SOLD WITH WALL ANCHORS. WE MET WITH PARENTS WHOSE CHILDREN HAD BEEN KILLED IN TIP-OVER INCIDENTS. THEY WANTED TO TURN THEIR GRIEF INTO ACTION. AND WE HELPED THEM ORGANIZE THE GROUP "PARENTS AGAINST TIPOVERS." THEY BECAME POWERFUL ADVOCATES FOR THE STURDY ACT, WORKING WITH CR AND OTHER SAFETY AND HEALTH GROUPS. WE ORGANIZED MORE THAN 20,000 PEOPLE TO SIGN PETITIONS TO CONGRESS, AND GENERATED MORE THAN 25,000 PHONE CALLS FROM CONSUMERS TO THEIR SENATORS AND REPRESENTATIVES. WE GOT COMPANIES LIKE HOME DEPOT AND IKEA TO JOIN US IN SUPPORTING THE BILL, AND LAWMAKERS FROM BOTH POLITICAL PARTIES CAME TOGETHER TO CO-SPONSOR IT. IN DECEMBER 2022, CONGRESS APPROVED THE STURDY ACT WAS AS PART OF A LARGER BILL, AND THE PRESIDENT SIGNED IT INTO LAW. IT OFFICIALLY TOOK EFFECT ON SEPTEMBER 1, 2023. ENSURING THAT SAFETY COMES STANDARD IN EVERY CAR CR IS A LONGTIME ADVOCATE FOR AUTOMATIC EMERGENCY BRAKING (AEB) SYSTEMS. WE BELIEVE THIS LIFE-SAVING TECHNOLOGY SHOULD BE INSTALLED IN EVERY NEW CAR. FOR A VEHICLE TO BE NAMED A CR "TOP PICK," AEB MUST

Employer identification number Name of the organization CONSUMER REPORTS, INC. 13-1776434 COME AS STANDARD EQUIPMENT. THIS IS PART OF OUR LONG TRADITION OF CREATING INCENTIVES FOR AUTOMAKERS TO MAKE SAFER VEHICLES. WE ALSO MEET REGULARLY WITH INDUSTRY AND REGULATORS TO ADVANCE POLICIES THAT PUT AEB SYSTEMS IN MORE CARS AND TRUCKS. IN MAY 2023 THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA) PROPOSED A RULE THAT WOULD REQUIRE ALL NEW PASSENGER VEHICLES TO COME WITH AEB SYSTEMS THAT CAN PREVENT OR MITIGATE FRONTAL CRASHES WITH CARS AND PEDESTRIANS INCLUDING AT HIGHER SPEEDS, AND AT NIGHT. THIS PROPOSED RULE COULD PREVENT OVER 24,000 INJURIES PER YEAR, ACCORDING TO NHTSA. CR WELCOMED THE PROPOSAL, AND WE'RE NOW RECOMMENDING WAYS FOR NHTSA TO IMPROVE AND STRENGTHEN THE RULE. CR IS ALSO ORGANIZING CONSUMERS TO PETITION AUTOMAKERS TO MAKE ANOTHER SAFETY FEATURE AUTOMATIC CRASH NOTIFICATION AVAILABLE FOR FREE IN EVERY NEW VEHICLE. THIS FEATURE CAN AUTOMATICALLY CALL FOR HELP IN AN EMERGENCY AND GIVE THE PRECISE LOCATION OF THE VEHICLE, EVEN IF THE DRIVER CAN'T. IT'S ALREADY MANDATORY IN NEW CARS SOLD IN MOST OF EUROPE. PLUS. CR OPENED OUR NEW AUTO TEST LOOP IN CONNECTICUT TO EVALUATE THE LATEST DRIVER-ASSIST FEATURES. THE LOOP LETS US SAFELY TEST CAR FUNCTIONS SUCH AS LANE CENTERING ASSISTANCE, LANE DEPARTURE WARNING AND ADAPTIVE CRUISE CONTROL IN REAL-WORLD DRIVING SCENARIOS. THESE TECHNOLOGIES CAN MAKE DRIVING EASIER AND SAFER WHEN THEY ARE DONE CORRECTLY. BUT A POORLY DESIGNED SYSTEM CAN PUT DRIVERS AT SERIOUS RISK.

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization CONSUMER REPORTS, INC. 13-1776434 FOOD AND WATER SAFETY: EXPOSING HEAVY METALS IN DARK CHOCOLATES CR FOUND LEAD AND CADMIUM IN 23 POPULAR DARK CHOCOLATE BRANDS FROM COMPANIES LIKE HERSHEY'S, THEO, AND TRADER JOE'S. STUDIES HAVE SUGGESTED THAT HEAVY METALS LIKE LEAD AND CADMIUM ARE LINKED TO A HOST OF HEALTH PROBLEMS IN CHILDREN AND ADULTS. WE INFORMED CONSUMERS ABOUT WHICH CHOCOLATES HAD THE HIGHEST LEVELS OF HEAVY METALS. AND WHICH ONES WERE FOUND TO BE SAFER. WE ADVISED PEOPLE ON WAYS THAT THEY CAN STILL ENJOY CHOCOLATES WHILE AVOIDING THE RISKS. MORE THAN 75,000 PEOPLE SIGNED CR'S PETITION TO URGE COMPANIES TO GET HEAVY METALS OUT OF THEIR CHOCOLATE PRODUCTS. WORKING TO REMOVE HARMFUL CHEMICALS FROM OUR FOODS CR IS LEADING THE FIGHT TO REMOVE TOXIC CHEMICALS LIKE RED DYE NO. 3 FROM OUR FOOD. MORE THAN 30 YEARS AGO, THE FOOD AND DRUG ADMINISTRATION BANNED THE USE OF RED DYE NO. 3 IN COSMETICS. CITING STUDIES THAT LINKED THE ADDITIVE TO THYROID CANCER IN ANIMALS. HOWEVER THE CHEMICAL IS STILL USED IN THOUSANDS OF FOOD PRODUCTS, INCLUDING CANDIES, COOKIES, AND OTHER FOODS MARKETED TO KIDS. IN FY23 CR CO-SPONSORED A BILL IN THE CALIFORNIA LEGISLATURE TO BAN RED DYE NO. 3 IN FOOD, ALONG WITH THREE OTHER FOOD CHEMICALS LINKED TO A RANGE OF HEALTH HARMS. THE HISTORIC BILL WAS SIGNED INTO LAW IN OCTOBER

Schedule O (Form 990) 2022

2023, AND IT WILL GO INTO EFFECT IN JANUARY 2027. WHILE THE LAW

Schedule O (Form 990) 2022

Name of the organization

CONSUMER REPORTS, INC.

Page 2

Employer identification number

13-1776434

APPLIES TO FOODS IN CALIFORNIA, ITS EFFECT COULD BE FELT MUCH FURTHER,

AS COMPANIES MAY DECIDE TO OFFER THE SAME FOOD PRODUCTS TO CONSUMERS

NATIONWIDE.

CR IS ALSO GOING DIRECTLY TO FOOD COMPANIES TO PRESS THEM TO DROP THESE

CHEMICALS IMMEDIATELY, AS MANY ARE ALREADY BANNED OR RESTRICTED FROM

FOOD SOLD IN EUROPE. THE COMPANY JUST BORN, WHICH MAKES THE POPULAR

PEEPS CANDIES, TOLD CR IT WILL NO LONGER USE RED DYE 3 IN ANY OF ITS

PRODUCTS AFTER EASTER 2024.

RAISING THE BAR FOR SAFER WATER

IN MARCH 2023 THE ENVIRONMENTAL PROTECTION AGENCY PROPOSED ITS

FIRST-EVER ENFORCEABLE LIMITS ON PFAS IN WATER. PFAS ARE OFTEN CALLED

"FOREVER CHEMICALS" BECAUSE THEY DON'T BREAK DOWN EASILY. PFAS HAVE

BEEN ASSOCIATED WITH HEALTH PROBLEMS SUCH INCREASED RISK OF SOME

CANCERS, DECREASED FERTILITY, AND REDUCED ABILITY TO FIGHT INFECTIONS.

THE EPA'S PROPOSAL FOLLOWED CALLS BY CR FOR STANDARDS TO REDUCE

PEOPLE'S EXPOSURE TO PFAS. WE ARE NOW PETITIONING EPA TO FINALIZE AND

IMPLEMENT STRONG LIMITS.

IN FY23 CR COMPLETED AN INVESTIGATION INTO THE SAFETY OF DRINKING WATER

IN MISSISSIPPI, WHICH HAS A HISTORY OF FAILING TO PROVIDE CLEAN,

RELIABLE DRINKING WATER FOR RESIDENTS. WE COLLECTED TAP WATER FROM

PEOPLE IN ALL 84 COUNTIES ACROSS THE STATE. IN FY24 WE REPORTED THE

TROUBLING LEVELS OF PFAS, LEAD, AND OTHER CONTAMINANTS IN THE WATER

WORKING WITH THE LOCAL NEWS ORGANIZATION MISSISSIPPI SPOTLIGHT. WE

CALLED ON STATE AND FEDERAL OFFICIALS TO TAKE SPECIFIC ACTIONS TO

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CONSUMER REPORTS, INC. 13-1776434 REDUCE THE RISKS. DIGITAL RIGHTS: - WINNING BIG VICTORIES FOR THE "RIGHT TO REPAIR" YOUR DIGITAL DEVICES FORM 990, PART III, LINE 4B (CONTINUED) WHEN YOUR SMARTPHONE IS BROKEN, YOU OFTEN HAVE TWO CHOICES: GET IT FIXED BY THE MANUFACTURER'S REPAIR SERVICE FOR A PREMIUM PRICE, OR THROW IT AWAY AND BUY A NEW ONE. WHICH ADDS TO THE TONS OF ELECTRONICS IN LANDFILLS. MANY COMPANIES HAVE REFUSED TO LET PEOPLE TAKE THEIR BROKEN PRODUCTS TO INDEPENDENT REPAIR SHOPS THAT MAY CHARGE MORE COMPETITIVE PRICES, AND MANY WON'T LET CONSUMERS GET THE PARTS THEY NEED TO FIX THEIR DEVICES THEMSELVES. THIS INDUSTRY PRACTICE HAS SPARKED A GRASSROOTS MOVEMENT FOR THE "RIGHT TO REPAIR." THE ISSUE TOUCHES ON THREE OF CR'S PRIORITY AREAS: DIGITAL RIGHTS, SUSTAINABILITY AND FINANCIAL FAIRNESS. CR WROTE A MODEL RIGHT-TO-REPAIR BILL. IT SAYS MANUFACTURERS MUST PROVIDE REPAIR TOOLS, MANUALS, AND REPLACEMENT PARTS TO CONSUMERS AND INDEPENDENT REPAIR SHOPS. OUR MODEL HAS BEEN USED TO CRAFT LEGISLATION IN CONGRESS AND MORE THAN A DOZEN STATES. IN THE NEW YORK LEGISLATURE, OFFICIALS WORKED WITH CR ON A BILL CALLED THE DIGITAL FAIR REPAIR ACT, WHICH FOCUSES ON SMARTPHONES, LAPTOPS, AND TABLETS. THE BILL PASSED OVERWHELMINGLY, BUT COMPANIES CALLED ON THE

Employer identification number Name of the organization CONSUMER REPORTS, INC. 13-1776434 GOVERNOR TO VETO IT. OUR NEW YORK MEMBERS MADE HUNDREDS OF PHONE CALLS AND SENT THOUSANDS OF EMAILS TO THEIR LEGISLATORS AND THE GOVERNOR. THE NEW YORK DAILY NEWS PUBLISHED AN OP-ED BY CR TO URGE THE GOVERNOR TO SIGN THE BILL. THE GOVERNOR ULTIMATELY DID SIGN IT, AND NEW YORK BECAME THE FIRST STATE WITH A BROAD RIGHT TO REPAIR LAW. BUILDING ON THIS MOMENTUM, CR TOOK THE FIGHT TO MINNESOTA, WHERE THE GOVERNOR SIGNED AN EVEN STRONGER LAW THAT GUARANTEES THE RIGHT TO REPAIR PHONES APPLIANCES BUSINESS COMPUTERS AND OTHER PRODUCTS. IN FY24 THE STATE OF CALIFORNIA PASSED A STRONG RIGHT TO REPAIR LAW OF ITS OWN. AND CR CONTINUES TO PUSH FOR LAWS AT THE STATE AND NATIONAL LEVEL. A CR INVESTIGATION LEADS TO "GAME CHANGER" FOR DATA PRIVACY FOR THE FIRST TIME EVER, THE FEDERAL GOVERNMENT PUNISHED AN ONLINE COMPANY FOR SHARING ITS USERS' SENSITIVE HEALTH DATA WITH ADVERTISERS. OFFICIALS CREDITED CR FOR DISCOVERING THE PROBLEM. IT STARTED IN 2020, WHEN CR INVESTIGATED GOODRX, AN ONLINE PLATFORM THAT OFFERS DISCOUNTS FOR PRESCRIPTION DRUGS. WE FOUND THAT GOODRX WAS SHARING CONSUMERS' PERSONAL DETAILS WITH MORE THAN 20 OTHER INTERNET-BASED COMPANIES, INCLUDING GOOGLE AND FACEBOOK. THE DATA INCLUDED THE NAMES OF MEDICATIONS PEOPLE WERE RESEARCHING, AND OTHER DETAILS THAT COULD LET THEM PINPOINT WHOSE PHONE OR LAPTOP WAS BEING USED. SHORTLY AFTER OUR STORY WAS PUBLISHED, GOODRX ANNOUNCED THAT IT WOULD TAKE STEPS TO ADDRESS SOME OF THE PROBLEMS RAISED BY CR.

Employer identification number Name of the organization CONSUMER REPORTS, INC. 13-1776434 IN 2023 THE FEDERAL TRADE COMMISSION ANNOUNCED AN UNPRECEDENTED ENFORCEMENT ACTION AGAINST GOODRX. UNDER A PROPOSED ORDER, THE FTC SAID GOODRX AGREED TO PAY A \$1.5 MILLION CIVIL PENALTY FOR FAILING TO REPORT ITS UNAUTHORIZED DISCLOSURE OF CONSUMER HEALTH DATA TO COMPANIES, AND IT AGREED TO STOP THE SHARING PRACTICES. THE FTC SAID IT WAS CR THAT BROUGHT THE ISSUE TO LIGHT. THIS IS THE FIRST TIME THE FTC HAS TAKEN ACTION UNDER A MEASURE CALLED THE HEALTH BREACH NOTIFICATION RULE. IT'S A POTENTIAL GAME-CHANGER FOR DIGITAL RIGHTS. AS CR PRESIDENT MARTA TELLADO TOLD THE ASSOCIATED PRESS: "THIS IS A WIN FOR CONSUMERS, AND IT COULD HAVE A PROFOUND EFFECT ON HOW OUR HEALTH INFORMATION IS KEPT PRIVATE MOVING FORWARD." SHINING A LIGHT ON THE TRUE COST OF INTERNET SERVICE WITH INPUT FROM CR, THE FEDERAL COMMUNICATIONS COMMISSION PROPOSED A RULE TO MANDATE A "NUTRITION" LABEL FOR INTERNET SERVICES. THE RULE WOULD REQUIRE INTERNET PROVIDERS TO DISPLAY EASY-TO-READ, NUTRITION-STYLE LABELS ABOUT THE ACTUAL COSTS AND TERMS OF SERVICE WHEREVER THEY ADVERTISE THEIR PLANS. IT WOULD HELP CONSUMERS COMPARE PRICES AMONG PROVIDERS. AND BE BETTER INFORMED BEFORE THEY GET LOCKED INTO A CONTRACT. THE FCC ANNOUNCED THE PROPOSAL ON THE SAME DAY THAT CR UNVEILED OUR MASSIVE REPORT ON MORE THAN 22,000 BILLS WE COLLECTED FROM BROADBAND USERS ACROSS THE U.S. WE FOUND FRESH EVIDENCE OF CONFUSING BILLS, HIDDEN FEES, AND A LACK OF COMPETITION AMONG PROVIDERS. WE CITED THIS

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization CONSUMER REPORTS, INC. 13-1776434 DATA IN ADVOCATING FOR THE FCC LABEL. MORE THAN 30,000 PEOPLE SIGNED CR'S PETITION TO URGE THE FCC TO FINALIZE A STRONG LABEL. FINANCIAL FAIRNESS: INVESTIGATING DIGITAL FINANCIAL SERVICES AND EDUCATING CONSUMERS ABOUT THE RISKS IN FY23 CR INTRODUCED THE "FAIR DIGITAL FINANCE FRAMEWORK." THIS FRAMEWORK IS DESIGNED TO EVALUATE THE FAST-GROWING NUMBER OF FINANCIAL APPS AND WEBSITES. THE EVALUATIONS FOCUS ON SAFETY, SECURITY, PRIVACY, TRANSPARENCY, AND OTHER PRINCIPLES. WITH THIS DATA, WE CAN EDUCATE AND EMPOWER CONSUMERS, AND WE CAN ADVOCATE FOR MEANINGFUL STANDARDS. WE FIRST APPLIED THE FRAMEWORK TO FOUR POPULAR PEER-TO-PEER PAYMENT APPS: APPLE CASH, CASH APP, VENMO AND ZELLE. WE FOUND THAT THE APPS CAN BE CONVENIENT, BUT THEY CARRY REAL RISKS. IF YOU GET STUNG BY FRAUD OR YOU SEND A PAYMENT TO THE WRONG PERSON. NONE OF THE APPS WE EVALUATED WOULD INTERVENE OR REIMBURSE YOU. ALL OF THEM COLLECTED A SIGNIFICANT AMOUNT OF PERSONAL INFORMATION, WHICH MAY BE SHARED WITH UNDISCLOSED COMPANIES. IT CAN BE HARD FOR USERS TO DELETE THEIR OWN DATA, AND SOME APPS WERE NOT CLEAR ABOUT WHETHER A CERTAIN PAYMENT WAS COVERED BY FEDERAL INSURANCE. MONTHS LATER, WE USED THE SAME FRAMEWORK TO SIZE UP "BUY NOW, PAY LATER" SERVICES, WHICH HAVE EXPLODED IN POPULARITY. WE FOUND PROBLEMS

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WITH CONFUSING RATES, MURKY FEES, AND SUBPAR SECURITY. WE PROVIDED

TIPS AND ADVICE FOR CONSUMERS TO PROTECT THEMSELVES WHEN USING THESE

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization CONSUMER REPORTS, INC. 13-1776434 PRODUCTS. THE EVALUATIONS MADE IT CLEAR THAT FINANCIAL RULES WERE NOT KEEPING PACE WITH THE FAST CONSUMER ADOPTION OF THESE SERVICES. CR HELD A SERIES OF MEETINGS WITH COMPANIES AND GOVERNMENT OFFICIALS TO WALK THROUGH THE FINDINGS AND RECOMMEND SOLUTIONS. THESE STAKEHOLDERS GAVE CR IMPORTANT VALIDATION, SAYING THE FRAMEWORK OFFERS INSIGHTS THAT CAN FILL CRITICAL GAPS IN OVERSIGHT, AND IT PROVIDES CONCRETE DATA ON WHICH POLICIES ARE WORKING, AND WHICH ONES ARE COMING UP SHORT. CRACKING DOWN ON "JUNK FEES" THE WHITE HOUSE ANNOUNCED A SERIES OF INITIATIVES TO STOP HIDDEN FEES THAT COMPANIES SNEAK ONTO CONSUMERS' BILLS. THE PRESIDENT AND OTHER OFFICIALS CITED CR'S WORK TO EXPOSE AND ELIMINATE THESE KINDS OF FEES OVER THE LAST SEVERAL YEARS. WE ARE NOW ORGANIZING CONSUMERS TO PRESSURE CONGRESS TO PASS BILLS SUCH AS THE JUNK FEE PREVENTION ACT, WHICH AIMS TO GET RID OF EXCESSIVE, HIDDEN. AND UNNECESSARY FEES IMPOSED ON CONSUMERS BY THE TICKETING. HOTEL AIRLINE INTERNET AND PAY-TV INDUSTRIES. CR PROVIDED CONSUMER STORIES AND INPUT TO THE FEDERAL TRADE COMMISSION AS IT DRAFTED A PROPOSED RULE TO ADDRESS JUNK FEES. SUSTAINABILITY: - ASKING AMERICANS ABOUT THE DRIVE TO GO ELECTRIC, AND ADVOCATING FOR

CLEAN, AFFORDABLE TRANSPORTATION.

Name of the organization **Employer identification number** CONSUMER REPORTS, INC. 13-1776434 CR CONDUCTED OUR LARGEST NATIONALLY REPRESENTATIVE SURVEY EVER TO UNDERSTAND WHAT CONSUMERS THINK ABOUT ELECTRIC VEHICLES (EVS), AND WHAT FACTORS WOULD MAKE PEOPLE MORE OR LESS LIKELY TO GET ONE. THE 2022 SURVEY FOUND THAT 71 PERCENT OF AMERICANS HAD SOME LEVEL OF INTEREST IN BUYING OR LEASING AN EV. THIRTY-FOUR PERCENT SAID THEY WOULD "DEFINITELY" OR "SERIOUSLY" CONSIDER GETTING AN EV IF THEY WERE TO BUY A VEHICLE TODAY. AMONG THE REASONS: MORE THAN 3 IN 10 U.S. ADULTS SAID THAT IT COSTS LESS TO CHARGE AN EV THAN TO REFUEL A GAS CAR (33 PERCENT), OVERALL LIFETIME COSTS ARE LOWER (31 PERCENT), AND MAINTENANCE COSTS ARE LOWER (28 PERCENT). FOR THE PEOPLE WHO DID NOT SAY THEY'D "DEFINITELY" BUY OR LEASE AN EV, THE TOP THREE BARRIERS THEY GAVE WERE CHARGING LOGISTICS (SUCH AS WHERE AND WHEN TO CHARGE IT), THE NUMBER OF MILES THE VEHICLE COULD GO BEFORE NEEDING A CHARGE, AND THE COSTS INVOLVED WITH BUYING, OWNING, AND MAINTAINING AN EV. CR SHARED OUR FINDINGS WITH AUTOMAKERS. AND WE TESTIFIED BEFORE CONGRESS, THE ENVIRONMENTAL PROTECTION AGENCY, AND THE DEPARTMENT OF TRANSPORTATION. WE RECOMMENDED WAYS TO REDUCE VEHICLE EMISSIONS, HELP DRIVERS SAVE MONEY ON FUEL, EXPAND THE NUMBER OF EV CHARGING STATIONS AND EXTEND TAX CREDITS TO HELP LOWER THE COST OF GETTING A NEW OR USED CR WAS INVITED BY THE WHITE HOUSE TO PARTICIPATE IN DISCUSSIONS ABOUT THE TRANSITION TO CLEANER TRANSPORTATION.

IN FY23 CR ALSO LAUNCHED A NEW ONLINE HUB TO HELP CAR BUYERS WHO ARE

Employer identification number Name of the organization CONSUMER REPORTS, INC. 13-1776434 LOOKING INTO EVS AND HYBRIDS AT CR.ORG/HYBRIDS-EVS. PUSHING FOR NEW STANDARDS TO MINIMIZE THE IMPACT OF GIANT E-COMMERCE WAREHOUSES ON RESIDENTIAL NEIGHBORHOODS. THE EXPLOSIVE GROWTH OF E-COMMERCE HAS LED TO A DRAMATIC INCREASE IN INDUSTRIAL WAREHOUSES TO FULFILL ONLINE ORDERS. A 2021 CR INVESTIGATION FOUND THAT AMAZON OPENED MOST OF ITS WAREHOUSES IN NEIGHBORHOODS WITH A DISPROPORTIONATELY HIGH NUMBER OF PEOPLE OF COLOR AND LOW-INCOME RESIDENTS. WE HEARD FROM RESIDENTS ABOUT POLLUTION TRAFFIC. AND NOISE IN THEIR COMMUNITIES SINCE THESE WAREHOUSES OPENED. FORM 990, PART III, LINE 4B (CONTINUED) IN FY23 CR TOOK A CLOSE LOOK AT TWO HUGE AMAZON WAREHOUSES IN BROOKLYN'S RED HOOK NEIGHBORHOOD. WE WORKED WITH RESIDENTS AND LOCAL BUSINESSES TO INSTALL POLLUTION AND TRAFFIC SENSORS. THE SENSORS RECORDED DAILY SPIKES IN TRUCK AND VAN TRAFFIC ON NARROW TWO-LANE STREETS. AND LOGGED MANY DAYS WITH ELEVATED AIR POLLUTION. WITH THESE FINDINGS. CR IS NOW WORKING WITH RESIDENTS AND OFFICIALS TO FIND WAYS TO REDUCE THE ENVIRONMENTAL IMPACT OF THESE WAREHOUSES. MANY OF TODAY'S REGULATIONS WERE WRITTEN DECADES AGO, LONG BEFORE THESE LARGE, ROUND-THE-CLOCK E-COMMERCE FACILITIES EXISTED. IN NEW YORK, CITY AND STATE POLICYMAKERS ARE CITING CR'S INVESTIGATIONS AS THEY INTRODUCE PROPOSALS TO REIN IN THESE BIG OPERATIONS IN THEIR COMMUNITIES.

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Employer identification number Name of the organization CONSUMER REPORTS, INC. 13-1776434 FORM 990, PART VI, SECTION A, LINE 6: MEMBERS, STOCKHOLDERS CONSUMER REPORTS IS A NEW YORK STATE NOT-FOR-PROFIT MEMBERSHIP CORPORATION. THE MEMBERS FOR NEW YORK NOT-FOR-PROFIT LAW PURPOSES ARE ANY INDIVIDUAL WITH A PAID MEMBERSHIP TO THE CONSUMER REPORTS MEMBERSHIP PROGRAM. MEMBERS CAN ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF MEMBERS; ADOPT, AMEND OR REPEAL THE BY-LAWS OF THE CORPORATION; CALL A SPECIAL MEETING OF THE MEMBERS UNDER CERTAIN CIRCUMSTANCES; AND EXERCISE SUCH OTHER POWERS AS ARE PROVIDED BY LAW. FORM 990, PART VI, SECTION A, LINE 7A: SEE EXPLANATION ON LINE 6 ABOVE. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS THE 990 IS PREPARED UTILIZING THE ASSISTANCE OF AN INDEPENDENT ACCOUNTING FIRM, KPMG. THE RELATED SERVICES FROM KPMG ARE APPROVED BY THE AUDIT COMMITTEE AS PART OF THE AUDIT APPROVAL PROCESS. AFTER THE 990 IS 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

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OUT AND SIGN A DISCLOSURE OF INTEREST STATEMENT AND ATTESTATION OF

Name of the organization **Employer identification number** CONSUMER REPORTS, INC. 13-1776434 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) RECOMMENDS TO THE BOARD OF DIRECTORS COMPENSATION PLANS AND PAY LEVELS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, TAKING INTO ACCOUNT PEER GROUP PRACTICES AND ANY SPECIAL CONSIDERATIONS, AS WELL AS EMPLOYMENT AGREEMENTS; (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

Schedule O (Form 990) 2022

Employer identification number Name of the organization CONSUMER REPORTS, INC. 13-1776434 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 JULY 2023. 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, ND, NH, NJ, NM, NY, OK, OR, PA, RI SC, TN, UT, VA, WA, WI, WV 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 1,113,666. PENSION RELATED CHANGES -1,822,822. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -179,105. ROUNDING -727.

232212 10-28-22

Name of the organization	Employer identification number
CONSUMER REPORTS, INC.	13-1776434
TOTAL TO FORM 990, PART XI, LINE 9	-888,988.
-	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the	organization CONSUMER REPORTS, INC					Er	mployer identific 13-1776434	cation nu	ımber
Part I	dentification of Disregarded Entities. Complet	e if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
N	(a) lame, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) End-of-year	assets	Direct c	(f) Direct controlling entity	
Part II o	dentification of Related Tax-Exempt Organizar ganizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34,	because it had one o	or more	e related tax-exer	npt	
	(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))	Dire	(f) ect controlling entity	Section 512(b)(13) controlled entity?	
								Yes	No

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

Schedule R (Form 990) 2022

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.

organizations abaded as a partitioning atting the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10
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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		ti) etion b)(13) rolled ity?
		Country)						Yes	No
CHARITABLE REMAINDER TRUST (3)	ANNUITY	NY	N/A	TRUST				х	

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CONSUMER REPORTS, INC. 13-1776434 Schedule R (Form 990) 2022 Page 3

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

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?

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a	Х				
					1b	Х				
С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
					1d	Х				
е	Loans or loan guarantees by related organization(s)				1e	Х				
f	Dividends from related organization(s)				1f	Х				
					1g	Х				
h	Purchase of assets from related organization(s)				1h	Х				
i	Exchange of assets with related organization(s)				1i	Х				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х				
					1k	X				
I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 10										
					1m	Х				
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) r Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s)										
0	Sharing of paid employees with related organization(s)				10	Х				
r	Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 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) (b) (c) (d) Name of related organization Method of determining amount invo									
s	Other transfer of cash or property from related organization(s)				1s	Х				
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," and "Y	ho must complete th	is line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	Transaction			olved					
(1)										
·0\										
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(3)										
(4)										
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(6)										
	09-14-22			Schedule	R (Form 9	90) 2022				

Yes No

Schedule R (Form 990) 2022 CONSUMER REPORTS, INC. 13-1776434 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership