

Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 06-01-2020 , and ending 05-31-2021

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

CONSUMER REPORTS INC

Doing business as

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

Room/suite

101 TRUMAN AVENUE

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

YONKERS, NY 107031044

D Employer identification number

13-1776434

E Telephone number

(914) 378-2000

G Gross receipts \$ 282,822,257

F Name and address of principal officer:

MARTA L TELLADO

101 TRUMAN AVENUE

YONKERS, NY 10703

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CONSUMERREPORTS.ORG

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1936

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

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

2 Check this box

☐

3 Number of voting members of the governing body (Part VI, line 1a)

3

16

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

16

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

5

635

6 Total number of volunteers (estimate if necessary)

6

19

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

13,624,744

7b Net unrelated business taxable income from Form 990-T, line 39

7b

4,771,700

Revenue

8 Contributions and grants (Part VIII, line 1h)

31,958,978

36,061,646

9 Program service revenue (Part VIII, line 2g)

211,879,759

225,861,453

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

5,551,753

12,748,098

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

732,438

881,364

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

250,122,928

275,552,561

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

259,000

145,100

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

95,643,150

99,383,462

16a Professional fundraising fees (Part IX, column (A), line 11e)

276,278

189,046

b Total fundraising expenses (Part IX, column (D), line 25)

11,562,937

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

138,783,619

139,354,640

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

234,962,047

239,072,248

19 Revenue less expenses. Subtract line 18 from line 12

15,160,881

36,480,313

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

399,304,068

503,278,353

21 Total liabilities (Part X, line 26)

221,992,497

214,157,470

22 Net assets or fund balances. Subtract line 21 from line 20

177,311,571

289,120,883

Part II Signature Block

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

Sign Here

Signature of officer

2022-03-23

Date

ERIC WAYNE SR. VP AND CFO

Type or print name and title

https://projects.propublica.org/nonprofits/organizations/131776434/202220879349300232/full

1/50

Paid  
Preparer  
Use Only

|                                                        |                      |                    |                                                 |                   |
|--------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|-------------------|
| Print/Type preparer's name                             | Preparer's signature | Date<br>2022-03-15 | Check <input type="checkbox"/> if self-employed | PTIN<br>P01907071 |
| Firm's name ▶ KPMG LLP                                 |                      |                    | Firm's EIN ▶ 13-5565207                         |                   |
| Firm's address ▶ 345 PARK AVENUE<br>NEW YORK, NY 10154 |                      |                    | Phone no. (212) 758-9700                        |                   |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ **Yes** ☐ **No**  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2020)

Part III **Statement of Program Service Accomplishments**

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

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☒ **No**  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☒ **No**  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **190,758,356** including grants of \$ ) (Revenue \$ **225,861,453** )  
CONSUMER INFORMATION, PRODUCT INFORMATION. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

**4b** (Code: ) (Expenses \$ **15,246,371** including grants of \$ **145,100** ) (Revenue \$ )  
EDUCATION PROGRAMS, HEALTH INFORMATION AND SAFETY. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
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**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ **206,004,727**

Part IV **Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                       | Yes |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                     | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                    |     | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                            | Yes |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                           |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                                                                                                                                                  |     | .. |

|                                                                                                                                                                                                                                                                                                                           |            |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                                                                                                                                               | <b>7</b>   |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         | <b>8</b>   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>             | <b>9</b>   |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                     | <b>10</b>  |     | No |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                                 |            |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                       | <b>11a</b> | Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                     | <b>11b</b> |     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                     | <b>11c</b> |     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                      | <b>11d</b> |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | <b>11e</b> | Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>                                                            | <b>11f</b> | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        | <b>12a</b> | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                           | <b>12b</b> |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        | <b>13</b>  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    | <b>14a</b> |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <b>14b</b> | Yes |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                           | <b>15</b>  |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     | <b>16</b>  |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>                                                                                            | <b>17</b>  | Yes |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                           | <b>18</b>  |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                     | <b>19</b>  |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             | <b>20a</b> |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     | <b>20b</b> |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                            | <b>21</b>  | Yes |    |

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| Part IV    | Checklist of Required Schedules (continued)                                                                                                                                                                                                                                           | Yes | No |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                      |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                           | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | Yes |    |
| <b>24b</b> | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                     |     | No |
| <b>24c</b> | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                            |     | No |
| <b>24d</b> | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                               |     | No |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                              |     | No |
| <b>25b</b> | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>            |     | No |
| <b>26</b>  | 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                                    |     | No |

|                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |     |     |    |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| member of any of these persons? If "Yes," complete Schedule L, Part II . . . . . |                                                                                                                                                                                                                                                                                                                                                                                             |     |     | iv |
| 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  |     | No |
| 28                                                                               | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                               |     |     |    |
| a                                                                                | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                              | 28a |     | No |
| b                                                                                | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                   | 28b |     | No |
| c                                                                                | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                     | 28c |     | No |
| 29                                                                               | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                                                                                          | 29  | Yes |    |
| 30                                                                               | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                          | 30  |     | No |
| 31                                                                               | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                                                                                                | 31  |     | No |
| 32                                                                               | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                              | 32  |     | No |
| 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  |     | No |
| 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  | Yes |    |
| 35a                                                                              | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                     | 35a | Yes |    |
| b                                                                                | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                 | 35b |     | No |
| 36                                                                               | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                   | 36  |     | No |
| 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  |     | No |
| 38                                                                               | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                | 38  | Yes |    |

Part V **Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

|    |                                                                                                                                                                    |    |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
|    |                                                                                                                                                                    |    | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                             | 1a | 184 |    |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | 1b | 0   |    |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | Yes |    |

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

|    |                                                                                                                                                                                                                                                      |    |     |     |    |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|----|--|
| 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 | 635 |     |    |  |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                      | 2b |     | Yes |    |  |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              | 3a |     | Yes |    |  |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                | 3b |     | Yes |    |  |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a |     | Yes |    |  |
| b  | If "Yes," enter the name of the foreign country: <u>CA</u><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |    |     |     |    |  |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      | 5a |     |     | No |  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                     | 5b |     |     | No |  |
| c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                         | 5c |     |     |    |  |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    | 6a |     |     | No |  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                              | 6b |     |     |    |  |
| 7  | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                 |    |     |     |    |  |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                            | 7a |     | Yes |    |  |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                            | 7b |     | Yes |    |  |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                       | 7c |     |     | No |  |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                          | 7d |     |     |    |  |

|                                                                                                                                                                                                                                    |            |  |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|----|
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                           | <b>7e</b>  |  | No |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                              | <b>7f</b>  |  | No |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                          | <b>7g</b>  |  |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                        | <b>7h</b>  |  |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                   | <b>8</b>   |  |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                 |            |  |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                        | <b>9a</b>  |  |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                         | <b>9b</b>  |  |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                  |            |  |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                  | <b>10a</b> |  |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                               | <b>10b</b> |  |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                 |            |  |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                 | <b>11a</b> |  |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                              | <b>11b</b> |  |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                              | <b>12a</b> |  |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                    | <b>12b</b> |  |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                         |            |  |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                          | <b>13a</b> |  |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                 | <b>13b</b> |  |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                      | <b>13c</b> |  |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                              | <b>14a</b> |  | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                 | <b>14b</b> |  |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N. | <b>15</b>  |  | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                             | <b>16</b>  |  | No |

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|                                                                                                                                                                                                                                                                                                                                                                         |           |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>Part VI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.<br>Check if Schedule O contains a response or note to any line in this Part VI <input checked="" type="checkbox"/> |           |     |    |
| <b>Section A. Governing Body and Management</b>                                                                                                                                                                                                                                                                                                                         |           |     |    |
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                                                      | <b>1a</b> | 16  |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                                                                             | <b>1b</b> | 16  |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                                                                                          | <b>2</b>  |     | No |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?                                                                                                                                            | <b>3</b>  |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                                                                               | <b>4</b>  |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                                                                                     | <b>5</b>  |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                                                                                                                                                             | <b>6</b>  | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                                                                            | <b>7a</b> | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                                                                                      | <b>7b</b> |     | No |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                                                              |           |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                                                                                                                                                            | <b>8a</b> | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                                                                          | <b>8b</b> | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                                                                   | <b>9</b>  |     | No |
| <b>Section B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue Code.)                                                                                                                                                                                                                                              |           |     |    |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed▶ AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, MO, NC, NV, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
▶MR MICHAEL MARTIN CPA 101 TRUMAN AVENUE YONKERS, NY 107031044 (914) 378-2000

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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 instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                            |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) ANNETTE LOVOI<br>..... | 2.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

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

<https://projects.propublica.org/nonprofits/organizations/131776434/202220879349300232/full>

|                                                                |       |  |  |   |   |   |  |         |   |           |   |         |
|----------------------------------------------------------------|-------|--|--|---|---|---|--|---------|---|-----------|---|---------|
| SK. VP & COO                                                   | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (22) ERIC WAYNE                                                | 45.00 |  |  | X |   |   |  | 385,806 | 0 | 70,328    |   |         |
| SR. VP & CFO                                                   | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (23) JASON FOX                                                 | 45.00 |  |  |   | X |   |  | 414,194 | 0 | 67,578    |   |         |
| VP, CHIEF DIGITAL OFFICER                                      | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (24) MICHAEL HUBNER                                            | 45.00 |  |  |   | X |   |  | 433,339 | 0 | 29,726    |   |         |
| VP, GENERAL COUNSEL                                            | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (25) LIAM MCCORMACK                                            | 45.00 |  |  |   | X |   |  | 402,365 | 0 | 55,601    |   |         |
| VP, RESEARCH, TEST & INSIGHTS                                  | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (26) LAUREN STANICH                                            | 45.00 |  |  |   | X |   |  | 383,937 | 0 | 57,975    |   |         |
| VP, CHIEF MARKETING OFFICER                                    | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (27) SHAR TAYLOR                                               | 45.00 |  |  |   | X |   |  | 339,637 | 0 | 40,670    |   |         |
| VP, CHIEF SOCIAL IMPACT OFFICER                                | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (28) RAFAEL PEREZ                                              | 45.00 |  |  |   | X |   |  | 303,839 | 0 | 53,855    |   |         |
| VP, CHIEF HR OFFICER                                           | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (29) GWENDOLYN BOUNDS                                          | 45.00 |  |  |   |   | X |  | 403,343 | 0 | 31,432    |   |         |
| VP, CHIEF CONTENT OFFICER                                      | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (30) ESTHER HAN                                                | 45.00 |  |  |   |   | X |  | 344,526 | 0 | 59,361    |   |         |
| VP, NEW PRODUCTS & SERVICE                                     | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (31) MATTHEW ANCHIN                                            | 45.00 |  |  |   |   | X |  | 337,918 | 0 | 11,410    |   |         |
| VP CHIEF COMM OFCR THRU 04/03/20                               | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (32) PETER DIRENZO                                             | 45.00 |  |  |   |   | X |  | 310,060 | 0 | 67,322    |   |         |
| CHIEF TECHNOLOGY OFFICER                                       | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| (33) HEATH GRAYSON                                             | 45.00 |  |  |   |   | X |  | 309,375 | 0 | 67,871    |   |         |
| CHIEF PRIVACY OFFICER & DEPUTY GC                              | 0.00  |  |  |   |   |   |  |         |   |           |   |         |
| <b>1b Sub-Total</b>                                            |       |  |  |   |   |   |  |         |   |           |   |         |
| <b>c Total from continuation sheets to Part VII, Section A</b> |       |  |  |   |   |   |  |         |   |           |   |         |
| <b>d Total (add lines 1b and 1c)</b>                           |       |  |  |   |   |   |  |         |   | 5,635,347 | 0 | 688,226 |

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 ▶ 372

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                           | (B)<br>Description of services  | (C)<br>Compensation |
|----------------------------------------------------------------------------|---------------------------------|---------------------|
| GOOGLE INC<br><br>1600 AMPHITHEATRE PARKWAY<br>MOUNTAIN VIEW, CA 94043     | SEARCH ENGINE MARKETING         | 10,449,361          |
| QUAD GRAPHICS<br><br>N61 W23044 HARRYS WAY<br>SUSSEX, WI 53089             | PRINTING                        | 5,274,386           |
| DIAMOND COMMUNICATIONS<br><br>1209 31ST AVENUE<br>COUNCIL BLUFFS, IA 51501 | FULFILLMENT SERVICES            | 4,942,371           |
| EPAM SYSTEMS INC<br><br>41 UNIVERSITY DR SUITE 202<br>NEWTON, PA 18940     | INFORMATION TECHNOLOGY SERVICES | 3,730,877           |
| TELERX MARKETING INC<br><br>723 DRESHER RD<br>HORSHAM, PA 19044            | MARKETING                       | 3,543,316           |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 89

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Part VIII **Statement of Revenue**

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

| (A)<br>Total revenue | (B)<br>Related or exempt | (C)<br>Unrelated business | (D)<br>Revenue excluded from |
|----------------------|--------------------------|---------------------------|------------------------------|
|----------------------|--------------------------|---------------------------|------------------------------|

|                                                        |                                                                                |                         |                  |                                                        |
|--------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------|------------------|--------------------------------------------------------|
|                                                        |                                                                                | Exempt function revenue | Business revenue | Unrelated business income tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | Coordinated campaigns . . .                                                    | 1a                      |                  |                                                        |
|                                                        | Membership dues . . .                                                          | 1b                      |                  |                                                        |
|                                                        | Fundraising events . . .                                                       | 1c                      |                  |                                                        |
|                                                        | Related organizations                                                          | 1d                      |                  |                                                        |
|                                                        | Government grants (contributions)                                              | 1e                      |                  |                                                        |
|                                                        | 9,932                                                                          |                         |                  |                                                        |
|                                                        | All other contributions, gifts, grants, and similar amounts not included above | 1f                      |                  |                                                        |
| 36,051,714                                             |                                                                                |                         |                  |                                                        |
| g Noncash contributions included in lines 1a - 1f:\$   | 1g                                                                             |                         |                  |                                                        |
| 55,382                                                 |                                                                                |                         |                  |                                                        |
| h Total. Add lines 1a-1f . . . . .                     |                                                                                | 36,061,646              |                  |                                                        |

|                                      |                                   |               |             |             |            |
|--------------------------------------|-----------------------------------|---------------|-------------|-------------|------------|
| Program Service Revenue              | 2a ONLINE SUBSCRIPTION SALES      | Business Code |             |             |            |
|                                      |                                   | 519130        | 129,084,132 | 115,459,388 | 13,624,744 |
|                                      | b SUBSCRIPTION, NEWSSTAND & OTHER | 511120        | 93,788,274  | 93,788,274  |            |
|                                      | c DATA INTELLIGENCE               | 519190        | 2,868,330   | 2,868,330   |            |
|                                      | d TESTING REVENUE                 | 541380        | 120,717     | 120,717     |            |
|                                      |                                   |               |             |             |            |
|                                      |                                   |               |             |             |            |
| f All other program service revenue. |                                   |               |             |             |            |
| g Total. Add lines 2a-2f. . . . .    |                                   | 225,861,453   |             |             |            |

|                                                                                                                                 |                                                                        |               |            |  |  |            |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------|------------|--|--|------------|
| 3 Investment income (including dividends, interest, and other similar amounts) . . . . .                                        |                                                                        | 1,014,487     |            |  |  | 1,014,487  |
| 4 Income from investment of tax-exempt bond proceeds                                                                            |                                                                        |               |            |  |  |            |
| 5 Royalties . . . . .                                                                                                           |                                                                        | 881,364       |            |  |  | 881,364    |
| 6a Gross rents                                                                                                                  | (i) Real                                                               | (ii) Personal |            |  |  |            |
|                                                                                                                                 | 6a                                                                     | 204,782       |            |  |  |            |
|                                                                                                                                 | b Less: rental expenses                                                | 6b            | 204,782    |  |  |            |
|                                                                                                                                 | c Rental income or (loss)                                              | 6c            | 0          |  |  |            |
| d Net rental income or (loss) . . . . .                                                                                         |                                                                        |               |            |  |  |            |
| 7a Gross amount from sales of assets other than inventory                                                                       | (i) Securities                                                         | (ii) Other    |            |  |  |            |
|                                                                                                                                 | 7a                                                                     | 18,798,525    |            |  |  |            |
|                                                                                                                                 | b Less: cost or other basis and sales expenses                         | 7b            | 7,064,914  |  |  |            |
|                                                                                                                                 | c Gain or (loss)                                                       | 7c            | 11,733,611 |  |  |            |
| d Net gain or (loss) . . . . .                                                                                                  |                                                                        | 11,733,611    |            |  |  | 11,733,611 |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . | 8a                                                                     |               |            |  |  |            |
|                                                                                                                                 | b Less: direct expenses . . . . .                                      | 8b            |            |  |  |            |
|                                                                                                                                 | c Net income or (loss) from fundraising events . . . . .               |               |            |  |  |            |
|                                                                                                                                 | 9a Gross income from gaming activities. See Part IV, line 19 . . . . . | 9a            |            |  |  |            |
| b Less: direct expenses . . . . .                                                                                               |                                                                        | 9b            |            |  |  |            |
| c Net income or (loss) from gaming activities . . . . .                                                                         |                                                                        |               |            |  |  |            |
| 10a Gross sales of inventory, less                                                                                              |                                                                        |               |            |  |  |            |

|                                                                            |               |             |             |            |            |
|----------------------------------------------------------------------------|---------------|-------------|-------------|------------|------------|
| <b>10a</b> Gross sales or inventory, less returns and allowances . . . . . | <b>10a</b>    |             |             |            |            |
| <b>b</b> Less: cost of goods sold . . . . .                                | <b>10b</b>    |             |             |            |            |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .            |               |             |             |            |            |
| Miscellaneous Revenue                                                      | Business Code |             |             |            |            |
| <b>11a</b>                                                                 |               |             |             |            |            |
| <b>b</b>                                                                   |               |             |             |            |            |
| <b>c</b>                                                                   |               |             |             |            |            |
| <b>d</b> All other revenue . . . . .                                       |               |             |             |            |            |
| <b>e Total.</b> Add lines 11a–11d . . . . .                                |               |             |             |            |            |
| <b>12 Total revenue.</b> See instructions . . . . .                        |               | 275,552,561 | 212,236,709 | 13,624,744 | 13,629,462 |

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|                                                                                                                                                                  |                              |                                        |                                               |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>Part IX Statement of Functional Expenses</b>                                                                                                                  |                              |                                        |                                               |                                    |
| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).                                       |                              |                                        |                                               |                                    |
| Check if Schedule O contains a response or note to any line in this Part IX . . . . . <input type="checkbox"/>                                                   |                              |                                        |                                               |                                    |
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                            | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                          | 145,100                      | 145,100                                |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                     |                              |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .               |                              |                                        |                                               |                                    |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                               |                              |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                      | 4,244,060                    | 1,876,751                              | 1,993,587                                     | 373,722                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . |                              |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                      | 71,165,966                   | 61,502,460                             | 7,886,513                                     | 1,776,993                          |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                            | 7,439,515                    | 6,529,702                              | 743,449                                       | 166,364                            |
| <b>9</b> Other employee benefits . . . . .                                                                                                                       | 11,123,701                   | 9,680,115                              | 1,175,789                                     | 267,797                            |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                | 5,410,220                    | 4,675,575                              | 599,553                                       | 135,092                            |
| <b>11</b> Fees for services (non-employees):                                                                                                                     |                              |                                        |                                               |                                    |
| <b>a</b> Management . . . . .                                                                                                                                    |                              |                                        |                                               |                                    |
| <b>b</b> Legal . . . . .                                                                                                                                         | 526,844                      | 7,881                                  | 496,156                                       | 22,807                             |
| <b>c</b> Accounting . . . . .                                                                                                                                    | 579,609                      |                                        | 579,609                                       |                                    |
| <b>d</b> Lobbying . . . . .                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                 | 189,046                      |                                        |                                               | 189,046                            |
| <b>f</b> Investment management fees . . . . .                                                                                                                    | 399,232                      |                                        | 399,232                                       |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                              | 9,575,103                    | 7,974,585                              | 1,587,362                                     | 13,156                             |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                    | 28,139,974                   | 27,469,029                             | 102,882                                       | 568,063                            |
| <b>13</b> Office expenses . . . . .                                                                                                                              | 1,127,480                    | 724,987                                | 397,161                                       | 5,332                              |
| <b>14</b> Information technology . . . . .                                                                                                                       | 6,843,915                    | 5,629,448                              | 1,192,248                                     | 22,219                             |
| <b>15</b> Royalties . . . . .                                                                                                                                    |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy . . . . .                                                                                                                                    | 2,791,686                    | 2,547,914                              | 227,274                                       | 16,498                             |
| <b>17</b> Travel . . . . .                                                                                                                                       | 80,801                       | 79,315                                 | 1,465                                         | 21                                 |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                               |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                       | 67,950                       | 56,851                                 | 9,885                                         | 1,214                              |
| <b>20</b> Interest . . . . .                                                                                                                                     | 1,084,717                    |                                        | 1,084,717                                     |                                    |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                       |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                    | 15,200,195                   | 14,692,048                             | 478,273                                       | 29,874                             |
| <b>23</b> Insurance . . . . .                                                                                                                                    | 1,088,298                    |                                        | 1,088,298                                     |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List                                                                                               |                              |                                        |                                               |                                    |

|                                                                                                                                                                                                                                                      |             |             |            |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|------------|------------|
| miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                                                                                             |             |             |            |            |
| <b>a</b> POSTAGE AND SHIPPING                                                                                                                                                                                                                        | 28,239,972  | 24,355,767  | 1,872      | 3,882,333  |
| <b>b</b> PRINTING & PUBLICATION                                                                                                                                                                                                                      | 15,275,657  | 13,070,821  | 971        | 2,203,865  |
| <b>c</b> ORDER PROCESSING                                                                                                                                                                                                                            | 12,624,214  | 10,927,340  | 10,774     | 1,686,100  |
| <b>d</b> PRODUCT TESTING                                                                                                                                                                                                                             | 3,129,310   | 3,129,310   |            |            |
| <b>e</b> All other expenses                                                                                                                                                                                                                          | 12,579,683  | 10,929,728  | 1,447,514  | 202,441    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                         | 239,072,248 | 206,004,727 | 21,504,584 | 11,562,937 |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |             |             |            |            |

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|                                                                                       |                                                                                                                                                                                                                                |                          |             |                          |            |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------------|------------|
| Part X                                                                                |                                                                                                                                                                                                                                | <b>Balance Sheet</b>     |             |                          |            |
| Check if Schedule O contains a response or note to any line in this Part IX . . . . . |                                                                                                                                                                                                                                |                          |             | <input type="checkbox"/> |            |
|                                                                                       |                                                                                                                                                                                                                                | (A)<br>Beginning of year |             | (B)<br>End of year       |            |
| Assets                                                                                | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                   | 442,282                  | <b>1</b>    | 863,098                  |            |
|                                                                                       | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                      | 25,078,542               | <b>2</b>    | 52,751,890               |            |
|                                                                                       | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                          | 939,540                  | <b>3</b>    | 2,094,250                |            |
|                                                                                       | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                    | 9,840,085                | <b>4</b>    | 7,590,147                |            |
|                                                                                       | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       | 0                        | <b>5</b>    |                          |            |
|                                                                                       | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . .                                                             | 0                        | <b>6</b>    |                          |            |
|                                                                                       | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                             |                          | <b>7</b>    |                          |            |
|                                                                                       | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                 | 3,460,771                | <b>8</b>    | 2,487,724                |            |
|                                                                                       | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                       | 7,180,652                | <b>9</b>    | 7,246,658                |            |
|                                                                                       | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                 | 227,830,718              |             |                          |            |
|                                                                                       | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                        | 170,468,060              | 59,867,318  | <b>10c</b>               | 57,362,658 |
|                                                                                       | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                     | 290,107,652              | <b>11</b>   | 364,539,274              |            |
|                                                                                       | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |                          | <b>12</b>   |                          |            |
|                                                                                       | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          |                          | <b>13</b>   |                          |            |
|                                                                                       | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                          |                          | <b>14</b>   |                          |            |
|                                                                                       | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         | 2,387,226                | <b>15</b>   | 8,342,654                |            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .         | 399,304,068                                                                                                                                                                                                                    | <b>16</b>                | 503,278,353 |                          |            |
| Liabilities                                                                           | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                      | 20,033,447               | <b>17</b>   | 26,390,816               |            |
|                                                                                       | <b>18</b> Grants payable . . . . .                                                                                                                                                                                             |                          | <b>18</b>   |                          |            |
|                                                                                       | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                           | 115,081,503              | <b>19</b>   | 113,292,584              |            |
|                                                                                       | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                | 35,391,000               | <b>20</b>   | 33,858,000               |            |
|                                                                                       | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |                          | <b>21</b>   |                          |            |
|                                                                                       | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>   |                          |            |
|                                                                                       | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . .                                                                                                                                               |                          | <b>23</b>   |                          |            |
|                                                                                       | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . .                                                                                                                                                 |                          | <b>24</b>   |                          |            |
|                                                                                       | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D                                              | 51,486,547               | <b>25</b>   | 40,616,070               |            |
|                                                                                       | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                 | 221,992,497              | <b>26</b>   | 214,157,470              |            |
| Assets or Fund Balances                                                               | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                           |                          |             |                          |            |
|                                                                                       | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                      | 169,806,140              | <b>27</b>   | 280,429,820              |            |
|                                                                                       | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                         | 7,505,431                | <b>28</b>   | 8,691,063                |            |
|                                                                                       | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                    |                          |             |                          |            |
|                                                                                       | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |                          | <b>29</b>   |                          |            |
| <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                                                                                                                                                                                                                                | <b>30</b>                |             |                          |            |

|         |    |                                                                  |             |    |             |
|---------|----|------------------------------------------------------------------|-------------|----|-------------|
| Net Ass | 31 | Retained earnings, endowment, accumulated income, or other funds |             | 31 |             |
|         | 32 | Total net assets or fund balances                                | 177,311,571 | 32 | 289,120,883 |
|         | 33 | Total liabilities and net assets/fund balances                   | 399,304,068 | 33 | 503,278,353 |

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Part XIReconciliation of Net Assets

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

|    |                                                                                                                |    |             |
|----|----------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 275,552,561 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 239,072,248 |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 36,480,313  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 177,311,571 |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  | 61,793,325  |
| 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 in Schedule O)                                           | 9  | 13,535,674  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 289,120,883 |

Part XIIFinancial Statements and Reporting

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                           |    |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                             |    | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b | Yes |    |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                    | 2c | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                  | 3a |     | No |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                     | 3b |     |    |

Form 990 (2020)

Form 990 (2020)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**Name of the organization**

CONSUMER REPORTS INC

**Employer identification number**

13-1776434

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                                |                                                             |    |                                                   |                                                 |

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Page 2

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                               | (a) 2016   | (b) 2017   | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total   |
|-------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 35,414,377 | 28,653,917 | 35,065,192 | 31,958,978 | 36,061,646 | 167,154,110 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . |            |            |            |            |            |             |

|          |                                                                                                                                                                                                      |            |            |            |            |             |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|-------------|
| <b>3</b> | The value of services or facilities furnished by a governmental unit to the organization without charge..                                                                                            |            |            |            |            |             |
| <b>4</b> | <b>Total.</b> Add lines 1 through 3                                                                                                                                                                  | 35,414,377 | 28,653,917 | 35,065,192 | 31,958,978 | 167,154,110 |
| <b>5</b> | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). |            |            |            |            | 4,059,814   |
| <b>6</b> | <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                  |            |            |            |            | 163,094,296 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                              | (a) 2016   | (b) 2017   | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|---------------|
| <b>7</b> Amounts from line 4.                                                                                                                                                                                                 | 35,414,377 | 28,653,917 | 35,065,192 | 31,958,978 | 36,061,646 | 167,154,110   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                       | 2,189,397  | 2,080,905  | 2,575,454  | 2,426,959  | 2,100,633  | 11,373,348    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                   | 1,471,562  | 1,833,300  | 2,117,392  | 3,287,901  | 4,771,700  | 13,481,855    |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).                                                                                                                    |            |            |            |            |            |               |
| <b>11</b> <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                        |            |            |            |            |            | 192,009,313   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                                     |            |            |            |            | <b>12</b>  | 1,016,617,717 |
| <b>13</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |            |            |            |            |            |               |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                              | <b>14</b> | 84.940 % |
| <b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                     | <b>15</b> | 86.860 % |
| <b>16a</b> <b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>                                                                                                                                                                |           |          |
| <b>b</b> <b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>                                                                                                                                                                        |           |          |
| <b>17a</b> <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>    |           |          |
| <b>b</b> <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/> |           |          |
| <b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>                                                                                                                                                                                                                                                               |           |          |

Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                         |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6</b> <b>Total.</b> Add lines 1 through 5                                                                                                                                      |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |

|                                                                                                                                                                                                                                                                                                            |                 |                 |                 |                 |                 |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| c Add lines 7a and 7b.                                                                                                                                                                                                                                                                                     |                 |                 |                 |                 |                 |                  |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                                                                                                                                   |                 |                 |                 |                 |                 |                  |
| <b>Section B. Total Support</b>                                                                                                                                                                                                                                                                            |                 |                 |                 |                 |                 |                  |
| <b>Calendar year</b><br><b>(or fiscal year beginning in)</b>                                                                                                                                                                                                                                               | <b>(a) 2016</b> | <b>(b) 2017</b> | <b>(c) 2018</b> | <b>(d) 2019</b> | <b>(e) 2020</b> | <b>(f) Total</b> |
| <b>9</b> Amounts from line 6.                                                                                                                                                                                                                                                                              |                 |                 |                 |                 |                 |                  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.                                                                                                                                                                 |                 |                 |                 |                 |                 |                  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                                                                                                          |                 |                 |                 |                 |                 |                  |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                                                                                                            |                 |                 |                 |                 |                 |                  |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                                                                                                                                     |                 |                 |                 |                 |                 |                  |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                                                                                                  |                 |                 |                 |                 |                 |                  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                                                                                                   |                 |                 |                 |                 |                 |                  |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> <input type="checkbox"/>                                                                                      |                 |                 |                 |                 |                 |                  |
| <b>Section C. Computation of Public Support Percentage</b>                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 |                  |
| <b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))                                                                                                                                                                                                           | <b>15</b>       |                 |                 |                 |                 |                  |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15                                                                                                                                                                                                                                | <b>16</b>       |                 |                 |                 |                 |                  |
| <b>Section D. Computation of Investment Income Percentage</b>                                                                                                                                                                                                                                              |                 |                 |                 |                 |                 |                  |
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                                               | <b>17</b>       |                 |                 |                 |                 |                  |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17                                                                                                                                                                                                                      | <b>18</b>       |                 |                 |                 |                 |                  |
| <b>19a 33 1/3% support tests—2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>        |                 |                 |                 |                 |                 |                  |
| <b>b 33 1/3% support tests—2019.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/> |                 |                 |                 |                 |                 |                  |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>                                                                                                                                               |                 |                 |                 |                 |                 |                  |
| <b>Schedule A (Form 990 or 990-EZ) 2020</b>                                                                                                                                                                                                                                                                |                 |                 |                 |                 |                 |                  |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                     |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                                  |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>3a</b> 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>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                                |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                         |     |    |
| <b>3c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>4a</b> 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>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                             |     |    |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>c</b> 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 <b>Part VI</b> 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.                                                                                                                                                                                |     |    |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>5a</b> 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 <b>Part VI</b> , 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>5a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>5b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>5c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |  |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|
| 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 <b>Part VI</b> . | 6   |  |  |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 <b>Part I of Schedule L (Form 990 or 990-EZ)</b> .                                                                                                                              | 7   |  |  |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete <b>Part I of Schedule L (Form 990 or 990-EZ)</b> .                                                                                                                                                                                                                                                                                     | 8   |  |  |
| 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 <b>Part VI</b> .                                                                                                                                                                             | 9a  |  |  |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                 | 9b  |  |  |
| c   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                      | 9c  |  |  |
| 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.                                                                                                                                                                                               | 10a |  |  |
| b   | Did the organization have any excess business holdings in the tax year? (Use <b>Schedule C, Form 4720</b> , to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                          | 10b |  |  |

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**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |                                                                                                                                                                |     |    |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):                              |     |    |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                         |     |    |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                  |     |    |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions) |     |    |
| 2 | Activities Test. Answer lines 2a and 2b below.                                                                                                                 |     |    |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the                                         | Yes | No |

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

|    |  |  |
|----|--|--|
|    |  |  |
| 2a |  |  |
| 2b |  |  |
| 3a |  |  |
| 3b |  |  |

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

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

| Section A - Adjusted Net Income  |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                                | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                                | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                                | Add lines 1 through 3                                                                                                                                                                                    | 4              |                             |
| 5                                | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | 8              |                             |
| Section B - Minimum Asset Amount |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          | 1              |                             |
| 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                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                                                                                            |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | 8              |                             |
| Section C - Distributable Amount |                                                                                                                                                                                                          |                | Current Year                |
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | 1              |                             |
| 2                                | Enter 85% of line 1                                                                                                                                                                                      | 2              |                             |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | 3              |                             |
| 4                                | Enter greater of line 2 or line 3                                                                                                                                                                        | 4              |                             |
| 5                                | Income tax imposed in prior year                                                                                                                                                                         | 5              |                             |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | 6              |                             |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                             |

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

| Section D - Distributions | Current Year |
|---------------------------|--------------|
|---------------------------|--------------|

|                                                                                                                                                                    |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                                     | <b>1</b>  |  |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity                     | <b>2</b>  |  |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                                     | <b>3</b>  |  |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                                 | <b>4</b>  |  |
| <b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in <b>Part VI</b></i> )                                                    | <b>5</b>  |  |
| <b>6</b> Other distributions ( <i>describe in <b>Part VI</b></i> ). See instructions                                                                               | <b>6</b>  |  |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                        | <b>7</b>  |  |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in <b>Part VI</b></i> ). See instructions | <b>8</b>  |  |
| <b>9</b> Distributable amount for 2020 from Section C, line 6                                                                                                      | <b>9</b>  |  |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                                   | <b>10</b> |  |

| <b>Section E - Distribution Allocations</b><br>(see instructions)                                                                                                                                     | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2020 from Section C, line 6                                                                                                                                         |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- <i>explain in <b>Part VI</b></i> ). See instructions.                                                       |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2020:                                                                                                                                             |                                     |                                                 |                                                    |
| <b>a</b> From 2015. . . . .                                                                                                                                                                           |                                     |                                                 |                                                    |
| <b>b</b> From 2016. . . . .                                                                                                                                                                           |                                     |                                                 |                                                    |
| <b>c</b> From 2017. . . . .                                                                                                                                                                           |                                     |                                                 |                                                    |
| <b>d</b> From 2018. . . . .                                                                                                                                                                           |                                     |                                                 |                                                    |
| <b>e</b> From 2019. . . . .                                                                                                                                                                           |                                     |                                                 |                                                    |
| <b>f Total</b> of lines 3a through e                                                                                                                                                                  |                                     |                                                 |                                                    |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                                 |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2020 distributable amount                                                                                                                                                         |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2015 not applied (see instructions)                                                                                                                                           |                                     |                                                 |                                                    |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                                       |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2020 from Section D, line 7:<br>\$                                                                                                                                         |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                                 |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2020 distributable amount                                                                                                                                                         |                                     |                                                 |                                                    |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                             |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions. |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.                        |                                     |                                                 |                                                    |
| <b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.                                                                                                                                 |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7:                                                                                                                                                                         |                                     |                                                 |                                                    |
| <b>a</b> Excess from 2016. . . . .                                                                                                                                                                    |                                     |                                                 |                                                    |
| <b>b</b> Excess from 2017. . . . .                                                                                                                                                                    |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2018. . . . .                                                                                                                                                                    |                                     |                                                 |                                                    |
| <b>d</b> Excess from 2019. . . . .                                                                                                                                                                    |                                     |                                                 |                                                    |
| <b>e</b> Excess from 2020. . . . .                                                                                                                                                                    |                                     |                                                 |                                                    |

Schedule A (Form 990 or 990-EZ) (2020)

Schedule A (Form 990 or 990-EZ) 2020

Page 8

**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).

## Facts And Circumstances Test

| Return Reference | Explanation                                                                                                                                                                                                                                      |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 7   | ACCORDING TO THE BUSINESS MASTER FILE, CONSUMER REPORTS, INC. IS EXEMPT WITH THE IRS UNDER SECTION 509(A)(2). HOWEVER, TO SUPPORT THE USE OF SPECIAL 2% RULE FOR REPORTING CONTRIBUTIONS ON SCHEDULE B, THE ORGANIZATION HAS FILLED OUT PART II. |

Schedule A (Form 990 or 990-EZ) 2020

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## Additional Data

[Return to Form](#)

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**Software ID:**  
**Software Version:**

|                                                                                                                              |  |                                                                                                                                                                                     |  |                 |                                      |
|------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--------------------------------------|
| efile Public Visual Render                                                                                                   |  | ObjectID: 20220879349300232 - Submission: 2022-03-28                                                                                                                                |  | TIN: 13-1776434 |                                      |
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> |  | <b>Schedule of Contributors</b><br><br>▶ Attach to Form 990, 990-EZ, or 990-PF.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. |  |                 | OMB No. 1545-0047<br><br><b>2020</b> |

|                                                  |                                              |
|--------------------------------------------------|----------------------------------------------|
| Name of the organization<br>CONSUMER REPORTS INC | Employer identification number<br>13-1776434 |
|--------------------------------------------------|----------------------------------------------|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)( ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

|                                                 |                                              |        |
|-------------------------------------------------|----------------------------------------------|--------|
| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) |                                              | Page 2 |
| Name of organization<br>CONSUMER REPORTS INC    | Employer identification number<br>13-1776434 |        |

| Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                                   |                            |                                 |
|-------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|---------------------------------|
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution     |
|                                                                                                       |                                   |                            | <input type="checkbox"/> Person |

|            |                                   |                            |                                                                                                                                                                         |
|------------|-----------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RESTRICTED |                                   |                            | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
|            |                                   | \$ RESTRICTED              |                                                                                                                                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

|                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| Name of organization<br>CONSUMER REPORTS INC | Employer identification number<br>13-1776434 |
|----------------------------------------------|----------------------------------------------|

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 4

|                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| Name of organization<br>CONSUMER REPORTS INC | Employer identification number<br>13-1776434 |
|----------------------------------------------|----------------------------------------------|

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

Use duplicate copies of Part III if additional space is needed.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## Additional Data

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Software ID:  
Software Version:

|                                                                                                                                                                                                                         |                                                                                      |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------|
| <b>efile Public Visual Render</b>                                                                                                                                                                                       | <b>ObjectID: 202220879349300232 - Submission: 2022-03-28</b>                         | <b>TIN: 13-1776434</b>                   |
| <b>SCHEDULE C</b><br>(Form 990 or 990-EZ)                                                                                                                                                                               | <b>Political Campaign and Lobbying Activities</b>                                    | OMB No. 1545-0047                        |
| Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                  | <b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b> | <b>2020</b><br>Open to Public Inspection |
| <b>▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.</b><br><b>▶Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b> |                                                                                      |                                          |

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

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

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

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

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

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

|                                                  |                                                     |
|--------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br>CONSUMER REPORTS INC | <b>Employer identification number</b><br>13-1776434 |
|--------------------------------------------------|-----------------------------------------------------|

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

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020

Page 2

|                                                                                                                                                                                                                                 |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).</b>                                                                                            |                             |
| <b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). |                             |
| <b>B</b> Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply.                                                                                                        |                             |
| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                             |                             |
| (a) Filing organization's totals                                                                                                                                                                                                | (b) Affiliated group totals |

|                                                                                                                                                                  |                                                    |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                   |                                                    |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                     |                                                    |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                 |                                                    |                             |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                 |                                                    |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                           |                                                    |                             |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                  |                                                    |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>                                                                                                           | <b>The lobbying nontaxable amount is:</b>          |                             |
| Not over \$500,000                                                                                                                                               | 20% of the amount on line 1e.                      |                             |
| Over \$500,000 but not over \$1,000,000                                                                                                                          | \$100,000 plus 15% of the excess over \$500,000.   |                             |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                        | \$175,000 plus 10% of the excess over \$1,000,000. |                             |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                       | \$225,000 plus 5% of the excess over \$1,500,000.  |                             |
| Over \$17,000,000                                                                                                                                                | \$1,000,000.                                       |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                               |                                                    |                             |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                         |                                                    |                             |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                         |                                                    |                             |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No |

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020

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**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)).**

|                                                                                                                                                                                                                                        | (a) |    | (b)     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|                                                                                                                                                                                                                                        | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                             | Yes |    |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            | Yes |    |         |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                   | Yes |    | 6,615   |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                        | Yes |    | 102,813 |
| <b>e</b> Publications, or published or broadcast statements? .....                                                                                                                                                                     | Yes |    | 264,939 |
| <b>f</b> Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     | No |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             | Yes |    | 230,533 |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               | Yes |    | 16,903  |
| <b>i</b> Other activities? .....                                                                                                                                                                                                       |     | No |         |
| <b>j</b> Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    | 621,803 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                          |     | No |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                       |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                              |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....                                                                                                                            |     |    |         |

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

**1** Were substantially all (90% or more) dues received nondeductible by members?

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |

|   |                                                                                                         |   |  |  |
|---|---------------------------------------------------------------------------------------------------------|---|--|--|
| 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 expenditures from the prior year? ..... | 3 |  |  |

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

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

**Part IV Supplemental Information**

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

| Return Reference   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II-B, LINE 1: | LINE 1A - VOLUNTEERS TESTIFY BEFORE CONGRESS AND STATE LEGISLATURES; SPEAK AT PRESS CONFERENCES REGARDING STATE AND FEDERAL LEGISLATION; LOBBY LEGISLATORS. LINE 1B - PAID STAFF OR MANAGEMENT: PLEASE SEE BELOW ACTIVITIES, AS STAFF AND MANAGEMENT ARE INCLUDED IN THOSE ACTIVITIES AND TOTALS. LINE 1C - MEDIA ADVERTISEMENTS: MEDIA SPACE PURCHASED IN PRINT AND RADIO AND SOCIAL MEDIA REGARDING STATE OR FEDERAL LEGISLATION. LINE 1D - MAILING TO MEMBERS, LEGISLATORS, OR THE PUBLIC: LETTERS AND EMAILS TO STATE OR FEDERAL LEGISLATORS AND STAFF REGARDING LEGISLATION; EMAIL ACTION ALERTS REGARDING STATE OR FEDERAL LEGISLATION TO OUR MEMBERS OR ACTIVISTS. LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: LOBBYING MESSAGES REGARDING LEGISLATION THAT APPEAR IN CONSUMER REPORTS AND ITS OTHER PUBLICATIONS. LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR LEGISLATIVE BODY: FACE-TO-FACE MEETINGS OR; TELEPHONE CALLS WITH STATE OR FEDERAL LEGISLATORS, INCLUDING TRAVEL TIME. LINE 1H - RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY SIMILAR MEANS: SPEECHES; RALLIES; CONFERENCES WHERE CR STAFF SUPPORTS OR OPPOSES STATE OR FEDERAL LEGISLATION PUBLICLY. |

Schedule C (Form 990 or 990EZ) 2020

Additional Data

Return to Form

Software ID:  
Software Version:

efile Public Visual Render

ObjectID: 202220879349300232 - Submission: 2022-03-28

TIN: 13-1776434

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**Name of the organization**  
CONSUMER REPORTS INC**Employer identification number**

13-1776434

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

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

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

**Part II Conservation Easements.**

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

|                                                                                                                                                                                                                                                                                                                |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).                                                                                                                                                                                                                        |                                                                              |
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)                                                                                                                                                                                                                   | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                                                                                                                                                                                                                                         | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                                                                                                                                                                                                                                            |                                                                              |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.                                                                                                                                          |                                                                              |
| a Total number of conservation easements . . . . .                                                                                                                                                                                                                                                             | 2a                                                                           |
| b Total acreage restricted by conservation easements . . . . .                                                                                                                                                                                                                                                 | 2b                                                                           |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                                                                                                                                                                                 | 2c                                                                           |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .                                                                                                                                                           | 2d                                                                           |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶                                                                                                                                                                      |                                                                              |
| 4 Number of states where property subject to conservation easement is located ▶                                                                                                                                                                                                                                |                                                                              |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶                                                                                                                                                                  |                                                                              |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$                                                                                                                                                                     |                                                                              |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |                                                                              |

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

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

|                                                                                                                                                                                                                                                                                                                                                                                    |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. |      |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:                                                       |      |
| (i) Revenue included on Form 990, Part VIII, line 1 . . . . .                                                                                                                                                                                                                                                                                                                      | ▶ \$ |
| (ii) Assets included in Form 990, Part X . . . . .                                                                                                                                                                                                                                                                                                                                 | ▶ \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:                                                                                                                                                           |      |
| a Revenue included on Form 990, Part VIII, line 1 . . . . .                                                                                                                                                                                                                                                                                                                        | ▶ \$ |
| b Assets included in Form 990, Part X . . . . .                                                                                                                                                                                                                                                                                                                                    | ▶ \$ |

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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

|                                                                                                                                                                             |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): |                                                     |
| a <input type="checkbox"/> Public exhibition                                                                                                                                | d <input type="checkbox"/> Loss or exchange program |

☐ Public exhibition☐ Loan or exchange programs**b** ☐ Scholarly research**e** ☐ Other .....**c** ☐ Preservation for future generations**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table:**c** Beginning balance . . . . .**d** Additions during the year . . . . .**e** Distributions during the year . . . . .**f** Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . . ☐**Part V Endowment Funds.**

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:**a** Board designated or quasi-endowment ▶ .....**b** Permanent endowment ▶ .....**c** Term endowment ▶ .....

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:**(i)** Unrelated organizations . . . . .**(ii)** Related organizations . . . . .**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**4** Describe in Part XIII the intended uses of the organization's endowment funds.**Part VI Land, Buildings, and Equipment.**

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

| Description of property                                                                                          | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                                                                                         |                                      | 11,935,255                      |                              | 11,935,255     |
| <b>b</b> Buildings . . . . .                                                                                     |                                      | 71,248,439                      | 49,927,651                   | 21,320,788     |
| <b>c</b> Leasehold improvements                                                                                  |                                      | 795,261                         | 572,329                      | 222,932        |
| <b>d</b> Equipment . . . . .                                                                                     |                                      | 26,033,042                      | 23,312,772                   | 2,720,270      |
| <b>e</b> Other . . . . .                                                                                         |                                      | 117,818,721                     | 96,655,308                   | 21,163,413     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 57,362,658     |

Schedule D (Form 990) 2020

**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 |
|----------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| <b>(1)</b> Financial derivatives . . . . .                           |                |                                                           |
| <b>(2)</b> Closely-held equity interests . . . . .                   |                |                                                           |
| <b>(3)</b> Other .....                                               |                |                                                           |
| (B)                                                                  |                |                                                           |
| (C)                                                                  |                |                                                           |
| (D)                                                                  |                |                                                           |

|                                                                           |  |  |
|---------------------------------------------------------------------------|--|--|
| (E)                                                                       |  |  |
| (F)                                                                       |  |  |
| (G)                                                                       |  |  |
| (H)                                                                       |  |  |
| (I)                                                                       |  |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |  |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' 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:<br>Cost or end-of-year market<br>value |
|--------------------------------------------------------------------------|----------------|-----------------------------------------------------------------|
| (2)                                                                      |                |                                                                 |
| (3)                                                                      |                |                                                                 |
| (4)                                                                      |                |                                                                 |
| (5)                                                                      |                |                                                                 |
| (6)                                                                      |                |                                                                 |
| (7)                                                                      |                |                                                                 |
| (8)                                                                      |                |                                                                 |
| (9)                                                                      |                |                                                                 |
| (10)                                                                     |                |                                                                 |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |                                                                 |

**Part IX Other Assets.**

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

| (a) Description                                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| (10)                                                                     |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' 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                                                 | 290,000        |
| (9)                                                                      |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) |                |

40,616,070

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Schedule D (Form 990) 2020**

Page 4

Schedule D (Form 990) 2020

Page 4

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

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

|   |                                                                                    |    |             |
|---|------------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . . | 1  | 350,713,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                |    |             |
| a | Net unrealized gains (losses) on investments . . . . .                             | 2a | 61,793,325  |
| b | Donated services and use of facilities . . . . .                                   | 2b |             |
| c | Recoveries of prior year grants . . . . .                                          | 2c |             |
| d | Other (Describe in Part XIII.) . . . . .                                           | 2d | 13,537,634  |
| e | Add lines 2a through 2d                                                            | 2e | 75,330,959  |

|          |                                                                                                          |           |             |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 13,330,997  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 275,382,041 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 374,115     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> | -203,595    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 170,520     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 275,552,561 |

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

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

|          |                                                                                                           |           |             |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 238,903,000 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> | 0           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 238,903,000 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 374,115     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> | -204,867    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | 169,248     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 239,072,248 |

**Part XIII Supplemental Information**

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

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2:                        | FIN 48 UNCERTAINTY IN TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSUMER REPORTS [CR] IS EXEMPT FROM TAXES ON INCOME, EXCEPT FOR UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED MAY 31, 2021 AND 2020, PROVISIONS FOR INCOME TAXES WERE \$1,362,000 AND \$993,000, RESPECTIVELY. IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, CR EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ALL ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION. ACCORDINGLY, CR BELIEVES THAT THERE ARE NO UNRECOGNIZED BENEFITS OR APPLICABLE INTEREST AND PENALTIES THAT SHOULD BE RECORDED. CR'S TAX RETURNS FOR THE FISCAL YEARS ENDED MAY 31, 2018, 2019 AND 2020 ARE SUBJECT TO EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:  | PENSION RELATED CHARGES 11,103,200. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 402,000. UNREALIZED LOSS ON INTEREST RATE SWAP 2,032,434.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:  | RENTAL EXPENSES -204,782. OTHER ROUNDING 1,187.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | RENTAL EXPENSES -204,782. OTHER ROUNDING -85.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**Additional Data**

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|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1 | <p>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)</p>                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 | <p>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)</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | <p>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)</p>                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | <p>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)</p>                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | <p>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)</p>                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6 | <p>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).</p>                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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Schedule F (Form 990) 2020

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Software Version:

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ObjectId: 202220879349300232 - Submission: 2022-03-28

TIN: 13-1776434

SCHEDULE G  
(Form 990 or 990-EZ)

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

Name of the organization  
CONSUMER REPORTS INC

Employer identification number  
13-1776434

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

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

| (i) Name and address of individual or entity (fundraiser)                           | (ii) Activity                                                | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                                                     |                                                              | Yes                                                            | No |                                   |                                                                   |                                                   |
| GIFT STRATEGIES LLC<br>1539 FALL RIVER AVE SUITE 3<br>SEEKONK, MA 02771             | PLANNED GIVING AND BEQUEST PROGRAM DEVELOPMENT AND LEADERSHI |                                                                | No | 0                                 | 43,721                                                            | -43,721                                           |
| JULIA LEIBEE<br>1839 NORTH KINGSLEY DRIVE 5<br>LOS ANGELES, CA 90027                | STRATEGIC AND CREATIVE CONSULTING ON GRANT PROPOSALS.        |                                                                | No | 0                                 | 20,275                                                            | -20,275                                           |
| PARISE MARKETING GROUP INC<br>2487 ROUTE 55 SUITE E<br>HOPEWELL JUNCTION, NY 12533  | STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING |                                                                | No | 0                                 | 54,000                                                            | -54,000                                           |
| SAGE COMMUNICATIONS<br>28 JOHN H FINLEY III WAY STE 202<br>FRAMINGHAM, MA 017014193 | STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING |                                                                | No | 0                                 | 13,500                                                            | -13,500                                           |
| EIDOLON COMMUNICATIONS<br>15 MAIDEN LN STE 1401<br>NEW YORK, NY 100385113           | STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING |                                                                | No | 0                                 | 36,000                                                            | -36,000                                           |
| TOM GAFFNY CONSULTING<br>71 CLIFF ROAD<br>WELLESLEY, MA 02481                       | STRATEGIC AND CREATIVE CONSULTING ON DIRECT MAIL FUNDRAISING |                                                                | No | 0                                 | 21,550                                                            | -21,550                                           |
|                                                                                     |                                                              |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                     |                                                              |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                     |                                                              |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                     |                                                              |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                     |                                                              |                                                                |    |                                   |                                                                   |                                                   |
| Total . . . . . ▶                                                                   |                                                              |                                                                |    |                                   | 189,046                                                           | -189,046                                          |

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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## Schedule G (Form 990 or 990-EZ) 2020

Page 2

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

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

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

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

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

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

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

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

b If "Yes," explain: \_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$.

c

If "Yes," enter name and address of the third party:

Name

Address

16

Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law 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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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TIN: 13-1776434

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
CONSUMER REPORTS INC

OMB No. 1545-0047

2020

Open to Public Inspection

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.

▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

▶ Attach to Form 990.

Employer identification number

13-1776434

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) DUKE UNIVERSITY<br>324 BLACKWELL ST<br>DURHAM, NC 22701                            | 56-0532129 | 501(C)(3)                       | 80,000                   |                                   |                                                       |                                       | ARCHIVES PROJECT                   |
| (2) NEW YORK UNIVERSITY<br>25 WEST 4TH STREET 4TH FLOOR<br>NEW YORK, NY 100121119      | 13-5562308 | 501(C)(3)                       | 50,000                   |                                   |                                                       |                                       | NYC MEDIA LAB                      |
| (3) CENTER FOR AUTO SAFETY<br>4400 JENIFER ST NW SUITE 331<br>WASHINGTON, DC 200152113 | 52-0902868 | 501(C)(3)                       | 10,000                   |                                   |                                                       |                                       | AUTO SAFETY ADVOCACY               |

2

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

3

3

Enter total number of other organizations listed in the line 1 table .

0

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Cat. No. 50055P

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

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 recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

Part IV

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

| Return Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CRITERIA FOR SELECTING PROJECTS FOR FUNDING | THE CRITERIA FOR SELECTING PROJECTS FOR FUNDING INCLUDES THE FOLLOWING: -THE PROJECTS ARE CONSISTENT WITH CR'S MISSION TO PROVIDE INFORMATION AND ADVICE TO CONSUMERS ON GOODS, SERVICES, HEALTH AND PERSONAL FINANCE; AND TO INITIATE AND COOPERATE WITH INDIVIDUAL AND GROUP EFFORTS TO MAINTAIN AND ENHANCE THE QUALITY OF LIFE FOR CONSUMERS. -THE PROJECTS ARE HIGH IMPACT PROJECTS THAT PROVIDE A SIGNIFICANT RETURN FOR THE AMOUNT OF MONEY INVESTED. THEY ARE RESULT-ORIENTED, AND HAVE TANGIBLE GOALS AND OBJECTIVES. -IF POSSIBLE, THE PROJECTS ARE REPLICABLE, AND PROVIDE A MODEL FOR ORGANIZING AND ADVOCACY ON OTHER CONSUMER AND PUBLIC INTEREST ISSUES, OR IN OTHER LOCATIONS. -THE PROJECTS MUST MAKE SENSE IN THE CONTEXT OF THE NEEDS AND SUSTAINABILITY OPPORTUNITIES OF THE OVERALL CONSUMER MOVEMENT. -BECAUSE OUR FUNDS ARE LIMITED, OUR OPERATING STRATEGY IS TO IDENTIFY PROSPECTIVE GRANTEEES AND INVITE THEM TO APPLY. MOST GRANTS ARE AWARDED TO PRE-SELECTED ORGANIZATIONS. MONITORING GRANT FUNDS GRANTEEES ARE REQUIRED TO SUBMIT PROGRAM AND FINANCIAL REPORTS AT THE CONCLUSION OF THE PROJECT, INCLUDING A LIST OF GRANT-RELATED EXPENDITURES, AND A SUMMARY OF DELIVERABLES AND PROJECT RESULTS. THE TIMING OF THE REPORTS IS DETERMINED ACCORDING TO A SCHEDULE CONTAINED IN AN EXECUTED AGREEMENT BETWEEN CR AND THE GRANTEE. |

Schedule I (Form 990) 2020

Additional Data

Return to Form

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Software Version:

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ObjectID: 202220879349300232 - Submission: 2022-03-28

TIN: 13-1776434

Schedule J  
(Form 990)

Compensation Information

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](https://www.irs.gov/Form990) for instructions and the latest information.

2020  
Open to Public Inspection

Name of the organization  
CONSUMER REPORTS INC

Employer identification number  
13-1776434

Part 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.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div> |     |     |
| 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2   |     |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                             |     |     |
| 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:<br>a Receive a severance payment or change-of-control payment? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4a  | Yes |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4b  | No  |
| c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4c  | No  |
| Only 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:<br>a The organization? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5a  | No  |
| b Any related organization? . . . . .<br>If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5b  | No  |
| 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:<br>a The organization? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6a  | No  |
| b Any related organization? . . . . .<br>If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6b  | No  |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7   | No  |
| 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   | No  |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9   |     |

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| 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 are not listed on Form 990, Part VII. |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.                                                                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| (A) Name and Title                                                                                                                                                                                                                                                             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|                                                                                                                                                                                                                                                                                |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 MARTA L TELLADO<br>PRESIDENT & CEO                                                                                                                                                                                                                                           | (i)  | 715,500                                            | 0                                   | 47,124                              | 28,500                                         | 3,017                   | 794,141                         | 0                                                                     |
|                                                                                                                                                                                                                                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 2 LEONORA WIENER<br>SR. VP & COO                                                                                                                                                                                                                                               | (i)  | 481,150                                            | 0                                   | 23,234                              | 28,500                                         | 15,080                  | 547,964                         | 0                                                                     |
|                                                                                                                                                                                                                                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 3 JASON FOX<br>VP, CHIEF DIGITAL OFFICER                                                                                                                                                                                                                                       | (i)  | 398,623                                            | 0                                   | 15,571                              | 28,500                                         | 39,078                  | 481,772                         | 0                                                                     |
|                                                                                                                                                                                                                                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 4 MICHAEL HUBNER<br>VP, GENERAL COUNSEL                                                                                                                                                                                                                                        | (i)  | 415,846                                            | 0                                   | 17,493                              | 28,500                                         | 1,226                   | 463,065                         | 0                                                                     |
|                                                                                                                                                                                                                                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 5 LIAM MCCORMACK<br>VP, RESEARCH, TEST & INSIGHTS                                                                                                                                                                                                                              | (i)  | 388,590                                            | 0                                   | 13,775                              | 28,500                                         | 27,101                  | 457,966                         | 0                                                                     |
|                                                                                                                                                                                                                                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 6 ERIC WAYNE<br>SR. VP & CFO                                                                                                                                                                                                                                                   | (i)  | 372,478                                            | 0                                   | 13,328                              | 28,500                                         | 41,828                  | 456,134                         | 0                                                                     |
|                                                                                                                                                                                                                                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 7 LAUREN STANICH<br>VP, CHIEF MARKETING OFFICER                                                                                                                                                                                                                                | (i)  | 380,325                                            | 0                                   | 3,612                               | 20,604                                         | 37,371                  | 441,912                         | 0                                                                     |
|                                                                                                                                                                                                                                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 8 GWENDOLYN BOUNDS<br>VP, CHIEF CONTENT OFFICER                                                                                                                                                                                                                                | (i)  | 389,550                                            | 0                                   | 13,793                              | 28,500                                         | 2,932                   | 434,775                         | 0                                                                     |
|                                                                                                                                                                                                                                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

|                                                       |       |         |   |         |        |        |         |   |
|-------------------------------------------------------|-------|---------|---|---------|--------|--------|---------|---|
|                                                       | (iii) | 0       | 0 | 0       | 0      | 0      | 0       | 0 |
| 9 ESTHER HAN<br>VP, NEW PRODUCTS & SERVICE            | (i)   | 325,443 | 0 | 19,083  | 28,463 | 30,898 | 403,887 | 0 |
|                                                       | (ii)  | 0       | 0 | 0       | 0      | 0      | 0       | 0 |
| 10 SHAR TAYLOR<br>VP, CHIEF SOCIAL IMPACT OFFICER     | (i)   | 332,943 | 0 | 6,694   | 25,350 | 15,320 | 380,307 | 0 |
|                                                       | (ii)  | 0       | 0 | 0       | 0      | 0      | 0       | 0 |
| 11 PETER DIRENZO<br>CHIEF TECHNOLOGY OFFICER          | (i)   | 305,004 | 0 | 5,056   | 28,500 | 38,822 | 377,382 | 0 |
|                                                       | (ii)  | 0       | 0 | 0       | 0      | 0      | 0       | 0 |
| 12 HEATH GRAYSON<br>CHIEF PRIVACY OFFICER & DEPUTY GC | (i)   | 303,426 | 0 | 5,949   | 28,500 | 39,371 | 377,246 | 0 |
|                                                       | (ii)  | 0       | 0 | 0       | 0      | 0      | 0       | 0 |
| 13 RAFAEL PEREZ<br>VP, CHIEF HR OFFICER               | (i)   | 301,157 | 0 | 2,682   | 19,731 | 34,124 | 357,694 | 0 |
|                                                       | (ii)  | 0       | 0 | 0       | 0      | 0      | 0       | 0 |
| 14 MATTHEW ANCHIN<br>VP CHIEF COMM OFCR THRU 04/03/20 | (i)   | 93,150  | 0 | 244,768 | 9,324  | 2,086  | 349,328 | 0 |
|                                                       | (ii)  | 0       | 0 | 0       | 0      | 0      | 0       | 0 |
|                                                       |       |         |   |         |        |        |         |   |
|                                                       |       |         |   |         |        |        |         |   |

Schedule J (Form 990) 2020

|                                                                                                                                                                                                            |                                                |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------|
| Schedule J (Form 990) 2020                                                                                                                                                                                 |                                                | Page 3 |
| <b>Part III Supplemental Information</b>                                                                                                                                                                   |                                                |        |
| 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. |                                                |        |
| Return Reference                                                                                                                                                                                           | Explanation                                    |        |
| PART I, LINE 4A                                                                                                                                                                                            | SEVERANCE PAYMENT - MATTHEW ANCHIN - \$220,405 |        |

Schedule J (Form 990) 2020

Additional Data

Return to Form

Software ID:  
Software Version:

|                                                                                                              |  |                                                                                                                                                                                                                                                                                                       |  |                                              |                                   |
|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|-----------------------------------|
| efile Public Visual Render                                                                                   |  | ObjectID: 202220879349300232 - Submission: 2022-03-28                                                                                                                                                                                                                                                 |  | TIN: 13-1776434                              |                                   |
| Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. |  |                                                                                                                                                                                                                                                                                                       |  |                                              |                                   |
| Schedule K (Form 990)                                                                                        |  | Supplemental Information on Tax-Exempt Bonds                                                                                                                                                                                                                                                          |  |                                              | OMB No. 1545-0047                 |
| Department of the Treasury<br>Internal Revenue Service<br>Name of the organization<br>CONSUMER REPORTS INC   |  | Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.<br>Attach to Form 990.<br>Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  |                                              | 2020<br>Open to Public Inspection |
|                                                                                                              |  |                                                                                                                                                                                                                                                                                                       |  | Employer identification number<br>13-1776434 |                                   |

| Part I Bond Issues                            |                |             |                 |                 |                                  |              |    |                         |    |                    |    |
|-----------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name                               | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose       | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|                                               |                |             |                 |                 |                                  | Yes          | No | Yes                     | No | Yes                | No |
| A<br>CYIDA MULTI-MOD CIV FAC REV BONDS S 2005 | 52-1294255     | 986083BN2   | 12-22-2005      | 47,300,000      | REFINANCE & RENOS OR HQ FACILITY |              | X  |                         | X  |                    | X  |

| Part II Proceeds |                                                                                                                                                    |  |  |            |    |     |    |     |    |     |    |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------|----|-----|----|-----|----|-----|----|
|                  |                                                                                                                                                    |  |  | A          | B  |     | C  |     | D  |     |    |
| 1                | Amount of bonds retired . . . . .                                                                                                                  |  |  | 13,300,000 |    |     |    |     |    |     |    |
| 2                | Amount of bonds legally defeased . . . . .                                                                                                         |  |  |            |    |     |    |     |    |     |    |
| 3                | Total proceeds of issue . . . . .                                                                                                                  |  |  | 47,300,000 |    |     |    |     |    |     |    |
| 4                | Gross proceeds in reserve funds . . . . .                                                                                                          |  |  |            |    |     |    |     |    |     |    |
| 5                | Capitalized interest from proceeds . . . . .                                                                                                       |  |  |            |    |     |    |     |    |     |    |
| 6                | Proceeds in refunding escrows . . . . .                                                                                                            |  |  |            |    |     |    |     |    |     |    |
| 7                | Issuance costs from proceeds . . . . .                                                                                                             |  |  | 560,305    |    |     |    |     |    |     |    |
| 8                | Credit enhancement from proceeds . . . . .                                                                                                         |  |  | 1,066,734  |    |     |    |     |    |     |    |
| 9                | Working capital expenditures from proceeds . . . . .                                                                                               |  |  |            |    |     |    |     |    |     |    |
| 10               | Capital expenditures from proceeds . . . . .                                                                                                       |  |  | 9,980,132  |    |     |    |     |    |     |    |
| 11               | Other spent proceeds . . . . .                                                                                                                     |  |  | 35,692,829 |    |     |    |     |    |     |    |
| 12               | Other unspent proceeds . . . . .                                                                                                                   |  |  |            |    |     |    |     |    |     |    |
| 13               | Year of substantial completion . . . . .                                                                                                           |  |  | 2007       |    |     |    |     |    |     |    |
|                  |                                                                                                                                                    |  |  | Yes        | No | Yes | No | Yes | No | Yes | No |
| 14               | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . . |  |  | X          |    |     |    |     |    |     |    |
| 15               | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)? . . . . .  |  |  |            | X  |     |    |     |    |     |    |
| 16               | Has the final allocation of proceeds been made? . . . . .                                                                                          |  |  | X          |    |     |    |     |    |     |    |
| 17               | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .                                   |  |  | X          |    |     |    |     |    |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2020

| Schedule K (Form 990) 2020    |                                                                                                                                                                                                                                                |     |    |     |    |     |    |     |    |  | Page 2 |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|--|--------|
| Part III Private Business Use |                                                                                                                                                                                                                                                |     |    |     |    |     |    |     |    |  |        |
|                               |                                                                                                                                                                                                                                                | A   |    | B   |    | C   |    | D   |    |  |        |
|                               |                                                                                                                                                                                                                                                | Yes | No | Yes | No | Yes | No | Yes | No |  |        |
| 1                             | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .                                                                                                           |     | X  |     |    |     |    |     |    |  |        |
| 2                             | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                                                                                                                                  |     | X  |     |    |     |    |     |    |  |        |
| 3a                            | Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .                                                                                                                     |     | X  |     |    |     |    |     |    |  |        |
| b                             | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .                                                   |     |    |     |    |     |    |     |    |  |        |
| c                             | Are there any research agreements that may result in private business use of bond-financed property? . . . . .                                                                                                                                 |     | X  |     |    |     |    |     |    |  |        |
| d                             | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .                                                               |     |    |     |    |     |    |     |    |  |        |
| 4                             | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .                                                                      | 0 % |    |     |    |     |    |     |    |  |        |
| 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 . . . . . | 0 % |    |     |    |     |    |     |    |  |        |
| 6                             | Total of lines 4 and 5 . . . . .                                                                                                                                                                                                               | 0 % |    |     |    |     |    |     |    |  |        |
| 7                             | Does the bond issue meet the private security or payment test? . . . . .                                                                                                                                                                       |     | X  |     |    |     |    |     |    |  |        |
| 8a                            | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .                                                               |     | X  |     |    |     |    |     |    |  |        |
| b                             | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .                                                                                                                                              |     |    |     |    |     |    |     |    |  |        |
| c                             | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .                                                                                                                            |     |    |     |    |     |    |     |    |  |        |
| 9                             | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                           | X   |    |     |    |     |    |     |    |  |        |

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

Schedule K (Form 990) 2020

| Schedule K (Form 990) 2020    |                                                                                                                          |                     |    |     |    |     |    |     |    |  | Page 3 |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------|----|-----|----|-----|----|-----|----|--|--------|
| Part IV Arbitrage (Continued) |                                                                                                                          |                     |    |     |    |     |    |     |    |  |        |
|                               |                                                                                                                          | A                   |    | B   |    | C   |    | D   |    |  |        |
|                               |                                                                                                                          | Yes                 | No | Yes | No | Yes | No | Yes | No |  |        |
| 4a                            | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . . |                     | X  |     |    |     |    |     |    |  |        |
| b                             | Name of provider . . . . .                                                                                               | MORGAN STANLEY      |    |     |    |     |    |     |    |  |        |
| c                             | Term of hedge . . . . .                                                                                                  | 3050.000000000000 % |    |     |    |     |    |     |    |  |        |
| d                             | Was the hedge counterparty a . . . . .                                                                                   |                     |    |     |    |     |    |     |    |  |        |

|           |                                                                                                           |  |   |  |  |  |  |  |
|-----------|-----------------------------------------------------------------------------------------------------------|--|---|--|--|--|--|--|
| <b>a</b>  | Was the hedge terminated? . . . . .                                                                       |  | X |  |  |  |  |  |
| <b>e</b>  | Were gross proceeds invested in a guaranteed investment contract (GIC)?                                   |  | X |  |  |  |  |  |
| <b>5a</b> | Name of provider . . . . .                                                                                |  |   |  |  |  |  |  |
| <b>b</b>  | Term of GIC . . . . .                                                                                     |  |   |  |  |  |  |  |
| <b>c</b>  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .     |  |   |  |  |  |  |  |
| <b>d</b>  | Were any gross proceeds invested beyond an available temporary period?                                    |  | X |  |  |  |  |  |
| <b>6</b>  | Has the organization established written procedures to monitor the requirements of section 148? . . . . . |  | X |  |  |  |  |  |

## Part V Procedures To Undertake Corrective Action

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

|                |                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Supplemental Information.</b> Provide additional information for responses to questions on Schedule K. (See instructions). |
|----------------|-------------------------------------------------------------------------------------------------------------------------------|

| Return Reference                                       | Explanation                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 K (Form 990) 2020

### Additional Data

**Return to Form**

**Software ID:**  
**Software Version:**

efile Public Visual Render ObjectID: 202220879349300232 - Submission: 2022-03-28 TIN: 13-1776434

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No. 1545-0047

2020

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶Attach to Form 990.  
▶Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

Name of the organization  
CONSUMER REPORTS INC

Employer identification number

13-1776434

## Part I Types of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                             | 19                                                     | 55,382                                                                                | FAIR MARKET VALUE                                            |
| 10 Securities—Closely held stock . . . . .                                 |                               |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                |                               |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies . . . . .                                    |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 25 Other ▶ ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |
| 26 Other ▶ ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |
| 27 Other ▶ ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |
| 28 Other ▶ ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |

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

29

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

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

Page 2

## Schedule M (Form 990) (2020)

Page 2

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

| Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE M, PART I, COLUMN (B) | THE NUMBER 19 REPRESENTS THE NUMBER OF GIFT ITEMS OR CONTRIBUTORS THAT DONATED OF<br>PUBLICLY TRADED SECURITIES RECEIVED BY CONSUMER REPORTS, INC. IN FISCAL YEAR 2021. EACH GIFT<br>ITEM OR CONTRIBUTOR HAS EITHER ONE OR MULTIPLE SHARES OF PUBLICLY TRADED SECURITIES THAT<br>WERE DONATED TO THE ORGANIZATION. THESE SECURITIES ARE SOLD FOR CASH PROMPTLY AFTER CR<br>TAKES POSSESSION. |

## Additional Data

[Return to Form](#)

**Software ID:**  
**Software Version:**

efile Public Visual Render

ObjectID: 202220879349300232 - Submission: 2022-03-28

TIN: 13-1776434

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**Open to Public  
InspectionName of the organization  
CONSUMER REPORTS INC

Employer identification number

13-1776434

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| 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 5/31/21 INCLUDE CONSUMER REPORTS MAGAZINE 3,074,597; CONSUMER REPORTS ON HEALTH 565,157; AND CR ONLINE 2,930,279. 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 5/31/21, CONSUMER REPORTS CONDUCTED TESTS AND EVALUATIONS ON MORE THAN 2,100 MODELS OF VARIOUS CONSUMER PRODUCTS, MAKING USE OF ABOUT 60 LABORATORIES AND ITS AUTO TRACK. THE INFORMATION GATHERED AS RESULT OF THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC AS DESCRIBED ABOVE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FORM 990, PART III, LINE 4B | EDUCATION AND ADVOCACY PROGRAMS: CONSUMER REPORTS IS DEDICATED TO IMPROVING THE LIVES OF CONSUMERS AND CREATING A FAIR AND JUST MARKETPLACE FOR ALL OF US. WE ARE AN INDEPENDENT, NONPROFIT ORGANIZATION WITH 6 MILLION MEMBERS ACROSS THE U.S. CR SEEKS TO INFORM AND EMPOWER CONSUMERS TO ESTABLISH A NEW ERA OF CONSUMER RIGHTS. IN THE 85 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 HELPING POLICYMAKERS ENSHINE 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 CR.ORG, CR SOCIAL MEDIA CHANNELS, WEBINARS, PARTNERSHIPS WITH 170 ENGLISH AND SPANISH LOCAL TV STATIONS, AND MEDIA COVERAGE. THESE COMBINED EFFORTS LEVERAGE CONSUMER DEMAND TO SHAPE A PRO-CONSUMER MARKETPLACE, AND WE ENGAGE DIRECTLY WITH INDUSTRY TO SET STANDARDS AND PROMOTE SAFETY, DIGITAL RIGHTS, FINANCIAL FAIRNESS AND SUSTAINABILITY PRINCIPLES IN THE DESIGN AND DELIVERY OF PRODUCTS AND SERVICES. CONSUMER REPORTS' LONGSTANDING COMMITMENT TO EDUCATING CONSUMERS AND ADVOCATING FOR LAWS, POLICIES AND PRACTICES THAT BENEFIT CONSUMERS IS EXEMPLIFIED BY OUR FY 21 (JUNE 1, 2020 THROUGH MAY 31, 2021) ACCOMPLISHMENTS, SOME OF WHICH INCLUDE: SAFETY: - MAJOR NEW SAFETY STANDARD APPROVED FOR INFANT SLEEP PRODUCTS THE U.S. CONSUMER PRODUCT SAFETY COMMISSION (CPSC) APPROVED A NEW FEDERAL RULE THAT WILL ENSURE THAT PRODUCTS MARKETED OR INTENDED FOR INFANT SLEEP WILL PROVIDE A SAFE SLEEP ENVIRONMENT FOR BABIES UNDER 5 MONTHS OLD. BEGINNING IN MID-2022, ANY PRODUCT INTENDED OR MARKETED FOR INFANT SLEEP MUST MEET A FEDERAL SAFETY STANDARDS REQUIREMENT THAT DOES NOT EXIST TODAY. THE RULE WAS DRAFTED IN FY21, AND FINALIZED IN THE FIRST DAYS OF FY22. THIS LANDMARK RULE COMES AFTER YEARS OF WORK BY CR, PEDIATRICIANS, AND OTHER SAFETY ADVOCATES TO SHINE A LIGHT ON THE DANGERS OF INFANT SLEEP PRODUCTS THAT WERE MANUFACTURED WITHOUT SAFETY REQUIREMENTS. MORE THAN 100 INFANT DEATHS ARE ASSOCIATED WITH INCLINED SLEEPERS, AND AT LEAST 23 DEATHS ARE LINKED TO UNREGULATED FLAT SLEEP PRODUCTS, INCLUDING IN-BED SLEEPERS, ACCORDING TO A CR ANALYSIS AND DATA FROM THE CPSC. THE PUSH FOR A SAFETY RULE WAS ACCELERATED BY CR'S INVESTIGATION OF DANGEROUS BABY PRODUCTS, WHICH LED TO THE RECALL OF 5.6 MILLION INCLINED SLEEPERS IN FY19 AND FY20. CR SHARED FINDINGS WITH RETAILERS SUCH AS AMAZON, BUY BUY BABY, EBAY, AND WALMART, WHICH EVENTUALLY AGREED TO HALT SALES OF INCLINED SLEEP PRODUCTS IN FY21. THOUSANDS OF CR MEMBERS WROTE THE CPSC AND CONGRESS IN SUPPORT OF SAFETY STANDARDS, AND CR ADVOCATES WORKED WITH THE CPSC TO HELP SHAPE AND ADVANCE THIS HISTORIC RULE. CR PROVIDES CONSUMERS WITH FREE INFORMATION ON OUR WEBSITE AND SOCIAL MEDIA CHANNELS ABOUT THE DANGERS OF THESE INFANT SLEEP PRODUCTS, AS WELL AS THE EXPERT ADVICE PROVIDED BY THE AMERICAN ACADEMY OF PEDIATRICS ABOUT THE STEPS THAT PARENTS AND CAREGIVERS CAN TAKE TO HELP ENSURE SAFE SLEEP FOR THEIR BABIES. - CR EXPOSES PFAS CHEMICALS IN TAP WATER, WORKS TO REMOVE PFAS FROM WATER, FOOD, AND AIR 97.5% OF TAP WATER SAMPLES TESTED BY CR HAD MEASURABLE LEVELS OF PFAS, A GROUP OF COMPOUNDS KNOWN AS "FOREVER CHEMICALS" BECAUSE THEY DON'T NATURALLY BREAK DOWN. PFAS ARE LINKED TO LEARNING DELAYS IN CHILDREN, CANCER, AND OTHER HEALTH PROBLEMS. THESE FINDINGS WERE PART OF A YEAR-LONG EXAMINATION OF THE NATION'S WATER CONDUCTED BY CR AND THE GUARDIAN US. WE SELECTED 120 PEOPLE AROUND THE NATION, OUT OF A POOL OF MORE THAN 6,000 VOLUNTEERS, TO TEST THEIR TAP WATER FOR PFAS, ARSENIC, LEAD, AND OTHER CONTAMINANTS. THEIR SAMPLES CAME FROM WATER SYSTEMS THAT TOGETHER SERVE MORE THAN 19 MILLION PEOPLE. CR IS NOW PROVIDING FREE INFORMATION FOR CONSUMERS ON HOW TO CHECK, TEST, AND FILTER THEIR WATER FOR PFAS, AND WE ARE WORKING WITH MEMBERS OF CONGRESS TO PASS THE BIPARTISAN "PFAS ACTION ACT." THIS BILL WOULD HELP MINIMIZE HARMFUL EXPOSURE TO THESE CHEMICALS BY REQUIRING STRICT STANDARDS TO KEEP PFAS OUT OF OUR AIR AND WATER, AND IT WOULD FACILITATE THE CLEANUP OF CONTAMINATED SITES THAT POLLUTE COMMUNITIES AND ENDANGER PUBLIC HEALTH. CALIFORNIA RECENTLY BECAME THE SEVENTH STATE IN THE NATION TO BAN PFAS IN FOOD PACKAGING. CR MOBILIZED CALIFORNIA CONSUMERS TO CONTACT THEIR STATE LEGISLATORS AND URGE THEM TO VOTE "YES" ON THE BAN. - CR PUSHES TO RAISE THE STANDARDS FOR FURNITURE SAFETY 11,300 CHILDREN WERE TREATED IN HOSPITAL EMERGENCY ROOMS FOR INJURIES RELATED TO FURNITURE TIP-OVERS EACH YEAR, ON AVERAGE, BETWEEN 2017 AND 2019, ACCORDING TO THE CPSC. CR HAS TESTED DRESSERS FOR STABILITY SINCE 2018. OUR TESTS SHOW THAT SOME DRESSERS POSE A SERIOUS TIP-OVER RISK, WHILE THERE ARE STABLE CHOICES AVAILABLE AT A VARIETY OF PRICE POINTS. MANUFACTURERS HAVE ONLY A VOLUNTARY STABILITY STANDARD, WHICH CR HAS ASSESSED AS TOO WEAK, AND A SHOPPER CANNOT JUDGE WHETHER A DRESSER IS LIKELY TO TIP OVER BY SIGHT OR PRICE. CR IS WORKING WITH PARENTS OF CHILDREN WHO WERE |

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|                                                  | <p>DRESSER IS LIKELY TO TIP OVER BY SIGHT OR PRICE. CR IS WORKING WITH PARENTS OF CHILDREN WHO WERE KILLED IN TRAGIC TIP-OVER INCIDENTS TO URGE THE FEDERAL GOVERNMENT TO RAISE THE STANDARDS FOR FURNITURE SAFETY. WE CELEBRATED A WIN IN FY21 WHEN THE U.S. HOUSE OF REPRESENTATIVES PASSED THE STURDY ACT, A BILL TO CREATE A MANDATORY NATIONAL RULE FOR FURNITURE STABILITY. CR CONTACTED COMPANIES TO URGE THEM TO ENDORSE THE STURDY ACT, AND RETAILERS SUCH AS HOME DEPOT, IKEA, AND AMAZON CAME OUT IN SUPPORT OF THE BILL. WE'RE NOW FOCUSED ON GETTING THE STURDY ACT APPROVED IN THE SENATE AND SIGNED INTO LAW BY THE PRESIDENT.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| FORM 990,<br>PART III,<br>LINE 4B<br>(CONTINUED) | <p>DIGITAL RIGHTS: - STATES APPROVE LAWS TO SAFEGUARD CONSUMERS' DIGITAL PRIVACY THREE U.S. STATES HAVE NOW PASSED DATA PRIVACY LAWS, AND CR HELPED GET THESE MEASURES TO THE GOVERNORS' DESKS. COLORADO AND VIRGINIA APPROVED LAWS IN 2021, FOLLOWING THE CALIFORNIA CONSUMER PRIVACY ACT SIGNED IN 2018. THESE LAWS PROVIDE LOCAL RESIDENTS WITH THE RIGHT TO ACCESS, DELETE, AND STOP THE SALE OF THEIR PERSONAL INFORMATION, AND THEY REQUIRE CONSENT FOR PROCESSING SENSITIVE INFORMATION. CR ADVOCATES TESTIFIED BEFORE THE LEGISLATURES TO RECOMMEND WAYS TO GIVE CONSUMERS MORE CONTROL OVER THEIR PRIVACY. CR MEMBERS IN THESE STATES CONTACTED THEIR LOCAL LEGISLATORS IN SUPPORT OF PRIVACY PROTECTIONS. THE COLORADO AND VIRGINIA LAWS ARE NOT AS STRONG AS CALIFORNIA'S, AND CR IS ADVOCATING FOR IMPROVEMENTS BEFORE THE TWO LAWS TAKE EFFECT IN 2023. CR ALSO HELPED PASS CALIFORNIA'S PROPOSITION 24 TO CLOSE LOOPHOLES IN ITS LAW. THE CALIFORNIA ATTORNEY GENERAL'S OFFICE CITED A CR REPORT ON HOW SOME COMPANIES WERE MAKING IT HARD FOR CONSUMERS TO EXERCISE THEIR PRIVACY RIGHTS, AS THE STATE TOOK ACTIONS TO BETTER ENFORCE THE LAW. ULTIMATELY, CR WOULD LIKE TO SEE A NATIONAL PRIVACY LAW THAT PROTECTS THE DATA OF ALL CONSUMERS. - CR AIMS TO HELP REIN IN "BIG TECH" SO CONSUMERS HAVE MORE CHOICE, POWER IN A NATIONALLY-REPRESENTATIVE SURVEY CONDUCTED BY CR IN 2020, 61 PERCENT OF U.S. CONSUMERS FAVORED STRONGER GOVERNMENT ACTION INCLUDING NEW LAWS, REGULATIONS, AND ENFORCEMENT TO DISCIPLINE THE BIGGEST TECH PLATFORMS AND REDUCE HARMFUL CONDUCT. THIS CR SURVEY WAS HIGHLIGHTED BY THE U.S. HOUSE ANTITRUST SUBCOMMITTEE IN A MAJOR REPORT THAT LAID OUT HOW LARGE ONLINE PLATFORMS HAVE ENGAGED IN ANTICOMPETITIVE PRACTICES. THE REPORT DETAILED HOW FOUR FIRMS -- APPLE, AMAZON, FACEBOOK AND GOOGLE -- HAVE, IN THE REPORT'S WORDS, "DELIVERED CLEAR BENEFITS TO SOCIETY" BUT THEIR "DOMINANCE HAS COME AT A PRICE." THE REPORT STATED THAT THESE FIRMS "WIELD THEIR DOMINANCE IN WAYS THAT ERODE ENTREPRENEURSHIP, DEGRADE AMERICANS' PRIVACY ONLINE, AND UNDERMINE THE VIBRANCY OF A FREE AND DIVERSE PRESS. THE RESULT IS LESS INNOVATION, FEWER CHOICES FOR CONSUMERS, AND A WEAKENED DEMOCRACY." IN ADDITION TO SPOTLIGHTING CR'S SURVEY, THE REPORT CITED COMMENTS FROM CR ON THE SCOPE AND IMPACT OF THESE PROBLEMS. CR IS NOW WORKING WITH MEMBERS OF CONGRESS TO ADVANCE BIPARTISAN BILLS THAT AIM TO REIN IN BIG TECH COMPANIES SO CONSUMERS HAVE MORE CHOICE AND POWER ONLINE. - WORKING FOR BETTER BROADBAND AT A FAIR PRICE FOR ALL CONSUMERS 76 PERCENT OF AMERICANS AGREED THAT INTERNET SERVICE IS AS IMPORTANT AS RUNNING WATER AND ELECTRICITY, ACCORDING TO A 2021 CR SURVEY. BUT UNLIKE WATER AND ELECTRICITY, INTERNET ACCESS ISN'T TREATED LIKE AN ESSENTIAL SERVICE IN THE UNITED STATES. CONSUMER DATA SHOW HOW THE PRICE OF INTERNET SERVICE CONTINUES TO RISE, WHILE INTERNET PROVIDERS ARE LARGELY UNREGULATED, AND MANY AMERICANS ARE STRUGGLING TO GET ONLINE BECAUSE THERE'S NO AFFORDABLE OR RELIABLE BROADBAND WHERE THEY LIVE. THIS PROBLEM IS ESPECIALLY SERIOUS GIVEN HOW THE ONGOING IMPACT OF THE PANDEMIC HAS FORCED MILLIONS OF PEOPLE TO WORK, LEARN AND STAY IN TOUCH WITH OTHERS ONLINE. THAT'S WHY CR LAUNCHED "LET'S BROADBAND TOGETHER," A NATIONWIDE INITIATIVE TO UNCOVER WHAT PEOPLE ARE REALLY PAYING AND GETTING FOR THEIR INTERNET SERVICE, SO WE CAN FIND SOLUTIONS FOR BETTER, MORE AFFORDABLE BROADBAND FOR ALL OF US. THIS EFFORT WAS ORGANIZED WITH A BROAD COALITION OF PARTNERS IN FY21 AND OFFICIALLY LAUNCHED IN FY22. SO FAR, MORE THAN 50,000 CONSUMERS HAVE PARTICIPATED IN "LET'S BROADBAND TOGETHER," WHICH INCLUDES AN ONLINE TOOL FOR PEOPLE TO TEST THEIR INTERNET SPEEDS AND SHARE THEIR PERSONAL EXPERIENCES WITH THEIR INTERNET PROVIDERS. CR IS GATHERING TENS OF THOUSANDS OF CONSUMER BILLS TO ANALYZE THE FACTORS THAT MAY IMPACT THE PRICE AND AVAILABILITY OF BROADBAND. CR WILL RELEASE ITS FINDINGS IN FY22, AND WE WILL SHARE THE DATA WITH COMPANIES AND POLICYMAKERS AS WE ADVOCATE FOR POLICIES THAT PUT CONSUMERS FIRST. FINANCIAL FAIRNESS: - NEW, NATIONAL LAW WILL PROVIDE CONSUMER PROTECTIONS AGAINST SURPRISE MEDICAL BILLS HUGE, UNEXPECTED MEDICAL BILLS CAN HAVE A DEVASTATING FINANCIAL IMPACT ON PATIENTS AND THEIR FAMILIES WHEN THEY'RE MOST VULNERABLE. FOR DECADES, CR AND OTHER GROUPS HAVE CALLED FOR LAWS TO STOP SURPRISE MEDICAL BILLS, LIKE WHEN A PERSON GOES TO A HOSPITAL THAT'S IN-NETWORK BUT IS SEEN BY AN ER DOCTOR WHO'S OUT OF NETWORK, AND THEN GETS HIT WITH AN ENORMOUS BILL. THE PERSONAL STORIES OF CR MEMBERS WERE ESSENTIAL IN ELEVATING THIS ISSUE WITH POLICYMAKERS AND GETTING CONGRESS TO HOLD HEARINGS ON THE PROBLEM. IN DECEMBER 2020, CONGRESS PASSED AND THE PRESIDENT SIGNED THE "NO SURPRISES ACT," A LANDMARK LAW THAT WILL PROHIBIT MANY OF THE WORST BILLING PRACTICES. THE CR-ENDORSED LAW GOES INTO EFFECT AT THE START OF 2022. CR CONTINUES TO PROVIDE FREE ONLINE INFORMATION TO HELP PATIENTS FIGHT BACK AGAINST SURPRISE CHARGES UNTIL THE LAW TAKES EFFECT. - CRACKING DOWN ON STUDENT LOAN SERVICER ABUSES, CREATING A NEW FINANCIAL WATCHDOG IN CALIFORNIA FOR TOO MANY FAMILIES, PAYING FOR COLLEGE MEANS GOING INTO DEBT THAT HAUNTS THEM FOR YEARS BEFORE IT'S PAID OFF. BORROWERS FACE A COMPLEX, CONFUSING LOAN REPAYMENT SYSTEM PLAGUED BY A LACK OF CONSUMER PROTECTIONS AND SHODDY TREATMENT THAT CAN ADD TIME AND MONEY TO THEIR LOANS. STUDENT LOAN DEBT IN THE U.S. TOTALS \$1.73 TRILLION AND GROWS SIX TIMES FASTER THAN THE NATION'S ECONOMY. CR HELPED PASS TWO MAJOR INITIATIVES IN CALIFORNIA TO ADDRESS THE STUDENT DEBT CRISIS AND OTHER FINANCIAL CHALLENGES. FIRST, THE STATE CREATED A NEW CONSUMER WATCHDOG CALLED THE DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION (DFPI). CR HELPED DESIGN AND LAUNCH THIS AGENCY WITH A MISSION TO STOP FINANCIAL SCAMS AND ABUSES, AND PROVIDE RELIEF FOR IMPACTED CONSUMERS. ONE OF DFPI'S AIMS IS TO HELP PROTECT THE 3.7 MILLION BORROWERS IN CALIFORNIA WHO OWE ALMOST \$125 BILLION IN STUDENT LOAN DEBT. CR ALSO CO-SPONSORED THE STATE'S NEW STUDENT BORROWER BILL OF RIGHTS, WHICH PROVIDES THE NATION'S STRONGEST CONSUMER PROTECTIONS FOR PEOPLE WITH STUDENT LOANS. THE LAW AIMS TO STOP LOAN SERVICING ABUSES THAT CAN MAKE DEBTS GROW MORE COSTLY AND TRIGGER DEFAULTS. BOTH OF THESE REFORMS PROVIDE POWERFUL MODELS FOR OTHER STATES AND THE NATION TO FOLLOW. - CLEANING UP THE CREDIT REPORT SYSTEM ERRORS ON YOUR CREDIT REPORTS CAN LOWER YOUR CREDIT SCORE, LEAD TO HIGHER INTEREST RATES ON LOANS, AND EVEN PREVENT YOU FROM GETTING A JOB OR RENTING AN APARTMENT. CREDIT ERRORS CAN INCLUDE ACCOUNTS THAT HAVE BEEN PAID OFF BUT APPEAR UNPAID ON YOUR REPORT, INDIVIDUAL LOANS LISTED MULTIPLE TIMES, OR DEBTS THAT ARE INCORRECTLY REPORTED IN COLLECTIONS. NEARLY 6,000 CONSUMERS VOLUNTEERED TO GET THEIR CREDIT REPORTS AND CHECK FOR ERRORS FOR A CR INVESTIGATION IN FY21. MORE THAN A THIRD OF THE VOLUNTEERS TOLD US THEY FOUND AT LEAST ONE ERROR. MANY PEOPLE ALSO REPORTED HAVING DIFFICULTY OBTAINING THEIR FREE CREDIT REPORTS ONLINE, WHILE OTHERS SAID THEY WERE UNFAIRLY CHARGED FOR SERVICES. CR IS NOW PETITIONING THE THREE MAJOR CREDIT BUREAUS -- EQUIFAX, EXPERIAN, AND TRANSUNION -- TO CALL FOR INDUSTRY REFORMS TO ENSURE REPORTS ARE FAIR AND ACCURATE. CR IS ALSO PUSHING FOR LEGISLATION IN CONGRESS THAT WOULD HELP CLEAN UP THE CREDIT REPORTING SYSTEM, AND GIVE CONSUMERS 24-HOUR ACCESS TO THEIR REPORTS AND SCORES AT NO CHARGE.</p> |
| FORM 990,                                        | CLIMATE-ENERGY-SUSTAINABILITY: - CR INTRODUCES "GREEN CHOICE" TO HELP CONSUMERS FIND CLEAN CARS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| PART III,<br>LINE 4B<br>(CONTINUED)             | OTHER ENVIRONMENTALLY-FRIENDLY PRODUCTS CR LAUNCHED A NEW PRODUCT RATING CALLED "GREEN CHOICE" TO HELP SHOPPERS FIND THE CARS, SUVS, AND MINIVANS WITH THE CLEANEST EMISSIONS. WHEN PEOPLE CONSULT CR'S VEHICLE RATINGS, THE "GREEN CHOICE" LEAF ICON TELLS THEM WHICH MODELS HAVE THE LOWEST GREENHOUSE GAS AND SMOG-FORMING EMISSIONS. THE GREEN CHOICE RATING ENCOURAGES AUTOMAKERS TO MAKE CLEANER CARS, JUST AS CR'S AUTO RELIABILITY AND OWNER SATISFACTION INFORMATION HELPS MOVE THE INDUSTRY TOWARD PRODUCING SAFER, HIGHER-QUALITY VEHICLES. CR RECENTLY EXPANDED OUR GREEN CHOICE RATING TO WASHING MACHINES TO HELP PEOPLE IDENTIFY THE MOST ENVIRONMENTALLY-FRIENDLY CHOICES. - CR WORKS FOR CLEAN CAR STANDARDS AT THE STATE AND NATIONAL LEVEL CR IS ADVOCATING FOR STRONG STANDARDS FOR CLEANER CARS WITH BETTER FUEL ECONOMY AND FEWER EMISSIONS, WHICH CAN HELP CONSUMERS SAVE MONEY ON GAS AND MAINTENANCE, WHILE REDUCING CLIMATE POLLUTION. IN FY21 CR PRODUCED A SERIES OF STUDIES THAT SHOWED HOW THE FEDERAL GOVERNMENT'S FUEL ECONOMY AND GREENHOUSE GAS STANDARDS PROVIDED SIGNIFICANT COST SAVINGS FOR CAR BUYERS AND HEALTH BENEFITS FOR THE GENERAL POPULATION. THESE STUDIES SHOWED HOW A 2020 GOVERNMENT DECISION TO ROLL BACK THESE STANDARDS WOULD NEGATIVELY IMPACT CONSUMERS. NOW IN FY22, CR IS PROVIDING TESTIMONY AND ANALYSIS FOR A NEW SET OF GOVERNMENT RECOMMENDATIONS TO UNDO THE ROLLBACK AND PUT STRONGER STANDARDS IN PLACE. AT THE STATE LEVEL, CR WORKED WITH LOCAL RESIDENTS AND GRASSROOTS GROUPS IN VIRGINIA, MINNESOTA, AND NEVADA TO ADVANCE CLEAN CAR PROGRAMS. THESE PROGRAMS ESTABLISH RULES AND STANDARDS THAT MAKE IT EASIER FOR CONSUMERS TO FIND A VARIETY OF LOW-EMISSION AND ZERO-EMISSION VEHICLES AT THEIR LOCAL DEALERSHIPS. CR PERFORMED STATEWIDE SURVEYS THAT SHOWED WIDE CONSUMER INTEREST AND SUPPORT FOR CLEAN CAR INITIATIVES, AND CR REACHED OUT TO STATE OFFICIALS TO MAKE THE CASE FOR THESE PROGRAMS. VIRGINIA AND MINNESOTA OFFICIALS VOTED TO BECOME CLEAN CAR STATES IN FY21, AND WE JUST CELEBRATED ANOTHER WIN AS NEVADA BECAME THE 16TH CLEAN CAR STATE IN FY22. |
| FORM 990,<br>PART VI,<br>SECTION A,<br>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,<br>PART VI,<br>SECTION A,<br>LINE 7A  | SEE EXPLANATION ON LINE 6 ABOVE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>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,<br>PART VI,<br>SECTION B,<br>LINE 12C | CONFLICT OF INTEREST COMPLIANCE PROCESS CONSUMER REPORTS' BOARD OF DIRECTORS AND STAFF MEMBERS ARE REQUIRED TO FILL OUT AND SIGN A DISCLOSURE OF INTEREST STATEMENT AND ATTESTATION OF COMPLIANCE EACH YEAR. BOARD MEMBERS' FORMS ARE REVIEWED BY A COMMITTEE OF THE BOARD; STAFF MEMBERS' FORMS ARE REVIEWED BY AN OUTSIDE INDEPENDENT REVIEWER. ANY CONFLICTS WILL BE ADDRESSED WITH THE APPLICABLE BOARD OR STAFF MEMBER, WITH UNRESOLVED CONFLICTS ADDRESSED BY THE APPROPRIATE CONFLICT OF INTEREST COMMITTEE. REMEDIES FOR CONFLICTS OF INTEREST INCLUDE RECUSAL FROM PARTICIPATION IN THE MATTER GIVING RISE TO THE CONFLICT, DISPOSING OF AN INVESTMENT, TERMINATION OF EMPLOYMENT OR RESIGNATION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15  | THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION PROVIDED TO CR'S PRESIDENT AND SENIOR EXECUTIVE STAFF TO ENSURE THAT THEY ARE CONSISTENT WITH CR'S MISSION, ARE DESIGNED TO ATTRACT AND RETAIN THE HIGH LEVELS OF LEADERSHIP TALENT NEEDED TO ACHIEVE CR'S OPERATING PLANS, AND ARE COMPLIANT WITH LAW. TO THAT END, THE GOVERNANCE COMMITTEE (1) RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS COMPENSATION PLANS AND PAY LEVELS FOR THE PRESIDENT, TAKING INTO ACCOUNT PEER GROUP PRACTICES AND ANY SPECIAL CONSIDERATIONS, AS WELL AS EMPLOYMENT AGREEMENTS; (2) REVIEWS THE COMPENSATION OF THE PRESIDENT AND SENIOR EXECUTIVE STAFF TO ENSURE COMPLIANCE WITH THE IRS INTERMEDIATE SANCTION REQUIREMENTS; AND (3) REVIEWS AND APPROVES (A) FOR EXECUTIVES REPORTING DIRECTLY TO THE PRESIDENT, ANY PROPOSED COMPENSATION INCREASE FOR 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 HUMAN RESOURCES AND (II) THE PROPOSED COMPENSATION FOR ANY NEW EXECUTIVE HIRE THAT EXCEEDS THE MARKET MEDIAN AS REPORTED IN EXECUTIVE COMPENSATION STUDIES CONDUCTED BY A THIRD PARTY EXECUTIVE COMPENSATION CONSULTING FIRM. THE EXECUTIVE COMMITTEE'S RECOMMENDATION ON THE PRESIDENT'S COMPENSATION PLANS AND PAY LEVELS IS VOTED ON BY THE FULL BOARD OF DIRECTORS. DELIBERATIONS AND DECISIONS REGARDING THE FOREGOING COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY RECORDED IN THE ORGANIZATION'S MINUTES. 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 COMMITTEES THAT DETERMINE 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 APRIL AND MAY OF 2021.                                           |
| FORM 990,<br>PART VI,<br>SECTION C,<br>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,<br>PART XI,<br>LINE 9:                | UNREALIZED LOSS INTEREST RATE SWAP 2,032,434. PENSION RELATED CHANGES 11,103,200. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 402,000. ROUNDING -1,960.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

**Additional Data****Return to Form****Software ID:**

**Software Version:**

efile Public Visual Render

ObjectId: 202220879349300232 - Submission: 2022-03-28

TIN: 13-1776434

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
CONSUMER REPORTS INC

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
13-1776434

| Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |                                                  |                     |                           |                                  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |
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|                                                                                                                           |                         |                                                  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |                                                  |                            |                                                     |                                  |                                              |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                        |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
|                                                                                                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                              |    |
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Part III

Identification of Related Organizations Taxable as a Partnership.

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from tax<br>under sections<br>512-514) | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-<br>year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|----------------------------|--------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              | Yes                                     | No |                                                                            | Yes                                       | No |                                |
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              |                                         |    |                                                                            |                                           |    |                                |
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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)<br>Name, address, and EIN of related organization                                                                                                                                                                                                                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                  |                              |                                    |                             | Yes                                          | No |
| (1)CHARITABLE REMAINDER TRUST (5)                                                                                                                                                                                                                                    | ANNUITY                 | NY                                               | N/A                              | T                                                |                              |                                    |                             | Yes                                          |    |
|                                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |
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|                                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |

Schedule R (Form 990) 2020

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

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

| <b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                                                               |                                                                                                                                       | <b>Yes</b> | <b>No</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1</b> 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? |                                                                                                                                       |            |           |
| <b>a</b>                                                                                                                                                     | Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b>  | <b>No</b> |
| <b>b</b>                                                                                                                                                     | Gift, grant, or capital contribution to related organization(s) . . . . .                                                             | <b>1b</b>  | <b>No</b> |
| <b>c</b>                                                                                                                                                     | Gift, grant, or capital contribution from related organization(s) . . . . .                                                           | <b>1c</b>  | <b>No</b> |
| <b>d</b>                                                                                                                                                     | Loans or loan guarantees to or for related organization(s) . . . . .                                                                  | <b>1d</b>  | <b>No</b> |
| <b>e</b>                                                                                                                                                     | Loans or loan guarantees by related organization(s) . . . . .                                                                         | <b>1e</b>  | <b>No</b> |
| <b>f</b>                                                                                                                                                     | Dividends from related organization(s) . . . . .                                                                                      | <b>1f</b>  | <b>No</b> |
| <b>g</b>                                                                                                                                                     | Sale of assets to related organization(s) . . . . .                                                                                   | <b>1g</b>  | <b>No</b> |
| <b>h</b>                                                                                                                                                     | Purchase of assets from related organization(s) . . . . .                                                                             | <b>1h</b>  | <b>No</b> |
| <b>i</b>                                                                                                                                                     | Exchange of assets with related organization(s) . . . . .                                                                             | <b>1i</b>  | <b>No</b> |
| <b>j</b>                                                                                                                                                     | Lease of facilities, equipment, or other assets to related organization(s) . . . . .                                                  | <b>1j</b>  | <b>No</b> |
| <b>k</b>                                                                                                                                                     | Lease of facilities, equipment, or other assets from related organization(s) . . . . .                                                | <b>1k</b>  | <b>No</b> |
| <b>l</b>                                                                                                                                                     | Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b>  | <b>No</b> |
| <b>m</b>                                                                                                                                                     | Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b>  | <b>No</b> |
| <b>n</b>                                                                                                                                                     | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b>  | <b>No</b> |
| <b>o</b>                                                                                                                                                     | Sharing of paid employees with related organization(s) . . . . .                                                                      | <b>1o</b>  | <b>No</b> |
| <b>p</b>                                                                                                                                                     | Reimbursement paid to related organization(s) for expenses . . . . .                                                                  | <b>1p</b>  | <b>No</b> |
| <b>q</b>                                                                                                                                                     | Reimbursement paid by related organization(s) for expenses . . . . .                                                                  | <b>1q</b>  | <b>No</b> |
| <b>r</b>                                                                                                                                                     | Other transfer of cash or property to related organization(s) . . . . .                                                               | <b>1r</b>  | <b>No</b> |
| <b>s</b>                                                                                                                                                     | Other transfer of cash or property from related organization(s) . . . . .                                                             | <b>1s</b>  | <b>No</b> |

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

[illegible]**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.

[illegible]

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Schedule R (Form 990) 2020

Part VII Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule R (Form 990) 2020