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Form 990  
2008Open to Public  
InspectionDepartment 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 black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2008 calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CONSUMERS UNION OF UNITED STATES INC	D Employer identification number 13-1776434
		Doing Business As	E Telephone number (914) 378-2000
		Number and street (or P O box if mail is not delivered to street address) 101 TRUMAN AVENUE	F Gross receipts \$ 614,671,865
		City or town, state or country, and ZIP + 4 YONKERS, NY 107031057	
F Name and address of Principal Officer JAMES A GUEST 101 TRUMAN AVENUE YONKERS, NY 107031057		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )	
J Web site: ► WWW CONSUMERREPORTS.ORG		H(c) Group Exemption Number ►	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►		L Year of Formation 1936 M State of legal domicile NY	

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO WORK FOR A FAIR, JUST, AND SAFE MARKETPLACE FOR ALL CONSUMERS AND TO EMPOWER CONSUMERS TO PROTECT THEMSELVES SEE SCHEDULE O FOR ADDITIONAL INFORMATION	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 17
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 17
5 Total number of employees (Part V, line 2a) . . . . .	5 664
6 Total number of volunteers (estimate if necessary) . . . . .	6 0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .	7a 0
b Net unrelated business taxable income from Form 990-T, line 34 . . .	7b 0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 27,060,621	Current Year 18,756,084
9 Program service revenue (Part VIII, line 2g) . . . . .	229,309,060	225,742,828
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	7,537,305	7,830,685
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	507,806	670,126
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,414,792	252,999,723

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	863,500	642,500
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)	71,436,087	82,888,169
16a Professional fundraising fees (Part IX, column (A), line 11e)	636,790	610,102
b (Total fundraising expenses, Part IX, column (D), line 25 9,442,637)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	170,064,312	161,882,190
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	243,000,689	246,022,961
19 Revenue less expenses Subtract line 18 from line 12	21,414,103	6,976,762

20 Total assets (Part X, line 16)	Beginning of Year 346,371,873	End of Year 302,962,362
21 Total liabilities (Part X, line 26)	235,015,624	244,480,979
22 Net assets or fund balances Subtract line 21 from line 20	111,356,249	58,481,383

## Part II Signature Block

Please Sign Here	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		
	*****	2010-01-13	Date
	Signature of officer		
	JAMES GUEST CHIEF EXECUTIVE OFFICER		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 345 Park Avenue			EIN ►
	New York, NY 101540102			Phone no ► (212) 758-9700

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 212,877,445 including grants of \$ 642,500 ) (Revenue \$ 225,742,828 )  
CONSUMERS INFORMATION, PRODUCTION INFORMATION, EDUCATION PROGRAM AND GRANTS SEE SCHEDULE O**4b** (Code ) (Expenses \$ ) including grants of \$ ) (Revenue \$ ) )**4c** (Code ) (Expenses \$ ) including grants of \$ ) (Revenue \$ ) )**4d** Other program services (Describe in Schedule O )  
(Expenses \$ ) including grants of \$ ) (Revenue \$ ) )**4e** Total program service expenses \$ 212,877,445 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

**2** Is the organization required to complete Schedule B, Schedule of Contributors?

**3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**4** Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

**5** Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

**6** Did the organization maintain any donor advised funds or any accounts where 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

**7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

**9** Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

**10** Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

**11** Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

**12** Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

**13** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the U.S.?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

**15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

**16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

**17** Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

**18** Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

**19** Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

**20** Did the organization operate one or more hospitals? If "Yes," complete Schedule H

**21** Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

**22** Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

**23** Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

**24a** 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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

**c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

**25a** Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

**b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

**26** Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

**27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11</b>	Yes	
<b>12</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>	Yes	
<b>15</b>	Yes	
<b>16</b>		No
<b>17</b>	Yes	
<b>18</b>		No
<b>19</b>		No
<b>20</b>		No
<b>21</b>	Yes	
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>	Yes	
<b>24b</b>		No
<b>24c</b>		No
<b>24d</b>		No
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No

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

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent 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

	Yes	No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>	Yes	
<b>34</b>	Yes	
<b>35</b>	Yes	
<b>36</b>	Yes	
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 343	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 664	
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</b>	If "Yes," enter the name of the foreign country <u>CA</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b No	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 No	
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	9a No	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b No	
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a 	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 	
<b>11</b>	<i>Section 501(c)(12) organizations</i> Enter		
<b>11a</b>	Gross income from members or shareholders	11a 	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b 	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a 	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b 	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)****Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	17
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	17
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	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 organizational 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 material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<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>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	Yes
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	Yes
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b> Is there any officer, director or 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>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are 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> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does 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
Describe the process in Schedule O		
<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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	No

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , HI , IL , IN , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , TX , UT , VA , WA , WV , WI
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply	<input checked="" type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
<b>19</b> Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table	
<b>20</b> State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MS CONNIE TUCKER 101 TRUMAN AVENUE YONKERS, NY 107031057 (914) 378-2000

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* 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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

**Part VII** **Continued**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►246

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

(A)	Name and business address	(B)	Description of services	(C)	Compensation
Google Inc					
1600 Amphitheatre Parkway					8,151,846
Mountain View, CA 94043					
Communication Data Services					
1901 Bell Avenue					7,882,913
Des Moines, IA 50315					
Quebecor World Inc					
3101 McCall Drive					5,320,845
Atlanta, GA 303402899					
Mikam graphics LLC					
232 Madison Avenue RM 704					3,194,801
New York, NY 10016					
HEALTH NET					
PO BOX 31965					
HARTFORD, CT 06150					2,790,949
<b>2</b>	<b>Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation</b>				
from the organization					163

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . <b>1a</b>					
	<b>b</b> Membership dues . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . <b>1c</b>					
	<b>d</b> Related organizations . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>18,756,084</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <b>149,542</b>					
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>18,756,084</b>					
Program Service Revenue	<b>2a</b> SUBSCRIPTIONS, NEWSSTAND, ONLINE	Business Code				
	<b>b</b> AND OTHER SALES		<b>511,190</b>	<b>225,742,828</b>	<b>225,742,828</b>	
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . .					
			► \$ <b>225,742,828</b>			
Other Revenue	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . .				<b>6,574,790</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds				<b>0</b>	
	<b>5</b> Royalties . . . . .				<b>0</b>	
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
Other Revenue	<b>7a</b> Gross amount from sales of assets other than inventory	<b>362,928,037</b>				
	<b>b</b> Less cost or other basis and sales expenses	<b>361,672,142</b>				
	<b>c</b> Gain or (loss)	<b>1,255,895</b>				
	<b>d</b> Net gain or (loss)					<b>1,255,895</b>
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events			<b>0</b>		
	<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
<b>a</b>						
<b>b</b> Less direct expenses . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities			<b>0</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances .						
<b>a</b>						
<b>b</b> Less cost of goods sold . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory			<b>0</b>			
Miscellaneous Revenue		Business Code				
<b>11a</b> Testing Revenue	<b>518,210</b>		<b>606,544</b>	<b>606,544</b>		
<b>b</b> Litigation Settlements	<b>519,100</b>		<b>21,055</b>	<b>21,055</b>		
<b>c</b> Single Copy Magazine Sales	<b>511,190</b>		<b>42,527</b>	<b>42,527</b>		
<b>d</b> All other revenue						
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . .	<b>\$ 670,126</b>					
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		<b>252,999,723</b>	<b>226,412,954</b>	<b>0</b>	<b>7,830,685</b>	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	596,926	596,926		
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	45,574	45,574		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,460,945	797,621	1,636,834	26,490
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	59,110,938	50,232,199		1,139,187
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	6,839,223	5,668,245	1,038,556	132,422
<b>9</b> Other employee benefits . . . . .	10,024,029	8,307,764	1,522,178	194,087
<b>10</b> Payroll taxes . . . . .	4,453,034	3,690,607	676,206	86,221
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	635,177	553,733	69,842	11,602
<b>c</b> Accounting . . . . .	753,928	7,671	746,257	
<b>d</b> Lobbying . . . . .	927,248	927,248		
<b>e</b> Professional fundraising See Part IV, line 17 . . .	610,102			610,102
<b>f</b> Investment management fees . . . . .	376,606		376,606	
<b>g</b> Other . . . . .	7,721,653	6,910,704	575,520	235,429
<b>12</b> Advertising and promotion . . . . .	30,394,242	30,039,337	38,839	316,066
<b>13</b> Office expenses . . . . .	1,502,597	1,007,672	477,610	17,315
<b>14</b> Information technology . . . . .	1,040,228	78,426	961,802	
<b>15</b> Royalties . . . . .	375,752	375,752		
<b>16</b> Occupancy . . . . .	3,119,304	2,584,968	473,822	60,514
<b>17</b> Travel . . . . .	1,629,171	1,357,910	232,126	39,135
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b> Conferences, conventions and meetings . . . . .	488,483	127,154	330,379	30,950
<b>20</b> Interest . . . . .	1,522,904		1,522,904	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	9,819,852	8,129,921	1,685,679	4,252
<b>23</b> Insurance . . . . .	1,062,871	9,001	1,053,870	
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> POSTAGE & SHIPPING	35,484,916	32,841,186	138,071	2,505,659
<b>b</b> PRINTING & PUBLICATION	35,728,150	33,072,641	81,417	2,574,092
<b>c</b> OTHER COST OF SALES	3,012,090	3,012,090		
<b>d</b> ORDER PROCESSING	15,915,377	13,485,853	1,061,989	1,367,535
<b>e</b> PRODUCT TESTING	3,618,463	3,618,463		
<b>f</b> All other expenses	6,753,178	5,398,779	1,262,820	91,579
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	246,022,961	212,877,445	23,702,879	9,442,637
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>1</b>	Cash—non-interest-bearing	3,509,240	<b>1</b> 2,038,947
<b>2</b>	Savings and temporary cash investments	16,114,611	<b>2</b> 14,582,985
<b>3</b>	Pledges and grants receivable, net	7,006,333	<b>3</b> 5,930,213
<b>4</b>	Accounts receivable, net	8,939,543	<b>4</b> 11,513,661
<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5	
<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
<b>7</b>	Notes and loans receivable, net	7	
<b>8</b>	Inventories for sale or use	5,960,624	<b>8</b> 4,375,373
<b>9</b>	Prepaid expenses and deferred charges	36,077,037	<b>9</b> 37,236,128
<b>10a</b>	Land, buildings, and equipment cost basis	<b>10a</b> 141,231,690	
<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<b>10b</b> 75,352,433	65,219,124 <b>10c</b> 65,879,257
<b>11</b>	Investments—publicly traded securities	198,327,928	<b>11</b> 156,932,421
<b>12</b>	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	1,038,000	<b>12</b> 820,000
<b>13</b>	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	13	
<b>14</b>	Intangible assets	14	548,896
<b>15</b>	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	4,179,433	<b>15</b> 3,104,481
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	346,371,873	<b>16</b> 302,962,362
<b>17</b>	Accounts payable and accrued expenses	21,779,956	<b>17</b> 20,391,662
<b>18</b>	Grants payable	18	262,500
<b>19</b>	Deferred revenue	150,231,929	<b>19</b> 145,954,430
<b>20</b>	Tax-exempt bond liabilities	47,300,000	<b>20</b> 47,300,000
<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	
<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
<b>23</b>	Secured mortgages and notes payable to unrelated third parties	23	
<b>24</b>	Unsecured notes and loans payable	24	
<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i>	15,703,739	<b>25</b> 30,572,387
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25	235,015,624	<b>26</b> 244,480,979
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
<b>27</b>	Unrestricted net assets	100,778,514	<b>27</b> 50,588,581
<b>28</b>	Temporarily restricted net assets	10,577,735	<b>28</b> 7,892,802
<b>29</b>	Permanently restricted net assets	29	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
<b>30</b>	Capital stock or trust principal, or current funds	30	
<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund	31	
<b>32</b>	Retained earnings, endowment, accumulated income, or other funds	32	
<b>33</b>	Total net assets or fund balances	111,356,249	<b>33</b> 58,481,383
<b>34</b>	Total liabilities and net assets/fund balances	346,371,873	<b>34</b> 302,962,362

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		
<b>b</b>	Were the organization's financial statements audited by an independent accountant?		
<b>c</b>	If "Yes" to lines 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?		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>b</b>	If "Yes," did the organization undergo the required audit or audits?		

2008

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

CONSUMERS UNION OF UNITED STATES INC

**Employer identification number**

13-1776434

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section <b>(See Instructions)</b> )	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</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		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the 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		
<b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,927,686	12,865,389	20,841,882	27,060,621	18,756,084	94,451,662
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	184,921,444	205,822,889	219,127,420	229,309,060	225,742,828	1,064,923,641
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5	199,849,130	218,688,278	239,969,302	256,369,681	244,498,912	1,159,375,303
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	4,745	5,118	6,175	17,950	25,500	59,488
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b	4,745	5,118	6,175	17,950	25,500	59,488
<b>8 Public Support</b> (Subtract line 7c from line 6)						1,159,315,815

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	199,849,130	218,688,278	239,969,302	256,369,681	244,498,912	1,159,375,303
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,687,499	4,246,194	5,719,315	7,537,305	6,574,790	26,765,103
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b	2,687,499	4,246,194	5,719,315	7,537,305	6,574,790	26,765,103
<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 IV.)	63,782	1,283,586	585,574	507,806	670,126	3,110,874
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						1,189,251,280
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	97 483 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	97 964 %

**Computation of Investment Income Percentage**

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	2 251 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	1 8 %
<b>19a 33 1/3% Tests - 2008.</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		►✓
<b>b 33 1/3% Tests - 2007.</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		►
<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		►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**



**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

<b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	<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> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<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 Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c			
<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 checked="" type="checkbox"/> No	

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2005</b>	<b>(b) 2006</b>	<b>(c) 2007</b>	<b>(d) 2008</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000		3,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
<b>c</b> Total lobbying expenditures	405,694	521,774	514,111		1,441,579
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000		750,000
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					1,125,000
<b>f</b> Grassroots lobbying expenditures	357,392	234,155	179,296		770,843

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(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 c through i)?	Yes			
<b>c</b> Media advertisements?	Yes		252,359	
<b>d</b> Mailings to members, legislators, or the public?	Yes		376,727	
<b>e</b> Publications, or published or broadcast statements?	Yes		293,049	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		460,000	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		491,507	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		418,762	
<b>i</b> Other activities If "Yes," describe in Part IV	No			
<b>j</b> Total lines 1c through 1i			2,292,404	
<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?	No			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

## **Part IV      Supplemental Information**

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.Department of the Treasury  
Internal Revenue Service**Name of the organization**

CONSUMERS UNION OF UNITED STATES INC

**Employer identification number**

13-1776434

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

 Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .					

## 2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►  
 b Permanent endowment ►  
 c Term endowment ►

## 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" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

## 4 Describe in Part XIV the intended uses of the organization's endowment funds

Yes	No
3a(i)	
3a(ii)	
3b	

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	11,935,255			11,935,255
1b Buildings . . . . .	64,152,861	25,118,668		39,034,193
1c Leasehold improvements . . . . .	298,309	108,979		189,330
1d Equipment . . . . .	30,118,972	25,509,982		4,608,990
1e Other . . . . .	34,726,293	24,614,804		10,111,489
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				65,879,257

**Part VII Investments—Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENT PROPERTY	820,000	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEFERRED BOND ISSUANCE COSTS	392,017
DEPOSIT	49,929
LT ASSETS CU TRUSTEE	1,350,963
LT CRUT RECEIVABLE	35,586
LT BEQUEST RECEIVABLE	1,244,023
DUE FROM AFFILIATES	31,963
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CHARITABLE GIFT ANNUITY	6,702,589
OTHER LIABILITY	643,074
DEFERRED RENT	152,398
PENSION LIABILITY	16,309,552
LIABILITY UNDER DERIVATIVE INSTRUMENT	4,210,256
LIFETIME SUBSCRIBER LIABILITY	1,486,000
CRUT LIABILITY	1,068,518
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	30,572,387

In Part XIV, 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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	252,999,723
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	246,022,961
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,976,762
4	Net unrealized gains (losses) on investments	4	-45,552,563
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,299,065
9	Total adjustments (net) Add lines 4 - 8	9	-59,851,628
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-52,874,866

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	192,944,719
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-45,552,563
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	522,673
e	Add lines 2a through 2d	2e	-45,029,890
3	Subtract line 2e from line 1	3	237,974,609
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	376,606
b	Other (Describe in Part XIV)	4b	14,648,508
c	Add lines 4a and 4b	4c	15,025,114
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	252,999,723

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	245,528,997
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	-117,358
e	Add lines 2a through 2d	2e	-117,358
3	Subtract line 2e from line 1	3	245,646,355
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	376,606
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	376,606
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	246,022,961

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FIN 48	SCHEDULE D, PART X	EFFECTIVE JUNE 1, 2007, CU ADOPTED PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD INTERPRETATION (FASB) NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES FIN 48 ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE THE ADOPTION OF THIS ACCOUNTING STANDARD DID NOT HAVE ANY IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MAY 31, 2008
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 2D	REVENUE OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC 522,673 ====== TOTAL \$ 522,673 SCHEDULE D, PART XII, LINE 4B UNREALIZED LOSS ON INTEREST RATE SWAP \$ 2,982,504 PENSION RELATED CHANGES 10,012,427 LOSS ON CURTAILMENT OF EXEMPT PENSION PLAN 1,057,392 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 247,185 LOAN FORGIVENESS, RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC 300,000 CONSUMERS UNION ACTION FUND, INC INTEREST 4,000 ====== TOTAL \$ 14,648,508
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	EXPENSES OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC \$ 231,183 EXPENSES OF RELATED ENTITY - TRUMAN AVENUE FOUNDATION, INC 459 LOAN FORGIVENESS, RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC \$(300,000) PROMO TRANSACTIONS (45,000) CONSUMERS UNION ACTION FUND, INC INTEREST (4,000) ====== TOTAL \$ (117,358)
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	UNREALIZED LOSS ON INTEREST RATE SWAP \$ (2,982,504) PENSION RELATED CHANGES (10,012,427) LOSS ON CURTAILMENT OF EXEMPT PENSION PLAN (1,057,392) CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS (247,185) REVENUE OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC 522,673 EXPENSES OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC (231,183) EXPENSES OF RELATED ENTITY - TRUMAN AVENUE FOUNDATION, INC (459) OTHER CHANGES IN NET ASSETS 443 ====== TOTAL \$ (14,648,065)

**SCHEDULE F**  
**(Form 990)**

## **Statement of Activities Outside the United States**

OMB No 1545-0047

2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.**

**Employer identification number**

13-1776434

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ► □ Use Schedule F-1 if additional space is needed.

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

1

3 Enter total number of other organizations or entities

4

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Software ID:****Software Version:****EIN:** 13-1776434**Name:** CONSUMERS UNION OF UNITED STATES INC**Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	Support for operations and global campaign work consumer organizations	25,000	Wire	0		
		Europe/Iceland/Greenland	Support for coalition of consumers groups in Education Research Unit which conducts research on advertising to children in schools	20,574	Wire	0		

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2008

## Open to Public Inspection

► **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

**Employer identification number**

13-1776434

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

**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 activities?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .				
	2 Less Charitable contributions . . . . .				
	3 Gross revenue (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash Prizes . . . . .				
	5 Non-cash Prizes . . . . .				
	6 Rent/Facility costs . . . . .				
	7 Other direct expenses . . . . .				
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . . ►				
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . . ►				

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

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

9 Enter the state(s) in which the organization operates gaming activities . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	<input type="checkbox"/> 11	
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? . . . . .	<input type="checkbox"/> 12	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in	13a	
a The organization's facility . . . . .	13b	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a	
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		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	17a	
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 ► \$		

## Additional Data

**Software ID:** 13-1776434  
**Software Version:** 1.0  
**EIN:** 13-1776434  
**Name:** CONSUMERS UNION OF UNITED STATES INC

## **Form 990 Schedule G - Licensed States**

## Licensed States

## **Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

**Open to Public  
Inspection**

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Name of the organization

CONSUMERS UNION OF UNITED STATES INC

**Employer identification number**

13-1776434

## **Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations

15

**3 Enter total number of other organizations**

0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**See Additional Data Table**

Identifier	Return Reference	Explanation
CRITERIA FOR SELECTING PROJECTS FOR FUNDING	SCHEDEULE I, PART I, LINE 2	THE CRITERIA FOR SELECTING PROJECTS FOR FUNDING THROUGH THE COLSTON E WARNE SMALL GRANTS PROGRAM INCLUDE THE FOLLOWING 1 THE PROJECTS SHOULD BE CONSISTENT WITH CU'S MISSION TO PROVIDE INFORMATION AND ADVICE TO CONSUMERS ON GOODS, SERVICES, HEALTH AND PERSONAL FINANCE, AND TO INITIATE AND COOPERATE WITH INDIVIDUAL AND GROUP EFFORTS TO MAINTAIN AND ENHANCE THE QUALITY OF LIFE FOR CONSUMERS 2 THE PROJECTS SHOULD BE HIGH IMPACT PROJECTS THAT PROVIDE A SIGNIFICANT RETURN FOR THE AMOUNT OF MONEY INVESTED THEY SHOULD BE RESULT-ORIENTED, AND HAVE TANGIBLE GOALS AND OBJECTIVES 3 THE ORGANIZATION SPONSORING THE PROJECT SHOULD HAVE A CLEAR PLAN FOR DEVELOPING ALTERNATE SOURCES OF FUNDING, SO THAT THE PROJECT CAN BECOME SELF-SUPPORTING AND CONTINUE WHEN THE GRANT PERIOD ENDS 4 IF POSSIBLE, THE PROJECTS SHOULD BE REPLICABLE, AND PROVIDE A MODEL FOR ORGANIZING AND ADVOCACY ON OTHER CONSUMER AND PUBLIC INTEREST ISSUES, OR IN OTHER LOCATIONS 5 WE ARE ESPECIALLY INTERESTED IN PROJECTS THAT PROVIDE DIRECT BENEFITS TO LOW-INCOME AND MINORITY CONSUMERS 6 WHERE POSSIBLE, PROJECTS SHOULD OBTAIN MATCHING FUNDS AND/OR LEVERAGE IN-KIND RESOURCES FROM OTHER SOURCES 7 THE PROJECTS SHOULD MAKE SENSE IN THE CONTEXT OF THE NEEDS AND OPPORTUNITIES OF THE OVERALL CONSUMER MOVEMENT THEY SHOULD CONTRIBUTE TO CAPACITY-BUILDING OF ORGANIZATIONS, AND HELP SUSTAIN THE CONSUMER MOVEMENT 8 CU'S PURPOSES MUST BE MEASURED IN TERMS OF THE BENEFITS INDIRECTLY REALIZED BY THOUSANDS OF CONSUMERS WHO ARE BETTER INFORMED OR BETTER SERVED AS A CONSEQUENCE OF THE WORK WHICH THE MONEY SUPPORTS " [CONSUMER REPORTS, MARCH, 1958, P 163]

**Software ID:**  
**Software Version:**  
**EIN:** 13-1776434  
**Name:** CONSUMERS UNION OF UNITED STATES INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Academy of Science 500 Fifth Street NW KRECK WS 832 WASHINGTON, DC 20001	53-0196932	501(C)(3)	10,000	0			Support for travel and conference costs for roundt AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE
CONSUMER FEDERATION OF AMERICA 1424 16TH STREET NW SUITE 604 WASHINGTON DC, DC 20036	52-0880625	501(C)(3)	65,000	0			Supports for US consumer organizations BACKUP CENTER
USPIRG EDUCATION FUND 218 D STREET SE 2ND FLOOR WASHINGTON, DC 20003	04-2790740	501(C)(3)	25,000	0			Support for Nat'l Consumer Backup center CONSUMER ORGANIZATION DEVELOPMENT PROGRAM
CONSUMER FEDERATION OF AMERICA 1424 16TH STREET NW SUITE 604 WASHINGTON, DC 20036	52-0880625	501(C)(3)	25,000	0			Supports for state and local roundtable meeting ISSUES
Consumer Federation of America 1424 16TH STREET NW SUITE 604 WASHINGTON, DC 20036	52-0880625	501(C)(3)	15,000	0			supoort for consumer organization development prog PATIENT SAFETY prescription drugs and health care acquired infectIONS
Americans for Fairness in Lending 7 Winthrop Square 4th Floor Boston, MA 02110	30-0383291	501(C)(3)	7,500	0			Support for consumers against financial abuses ALTERNATIVE MEDIA MAKERS AND SOCIAL JUSTICE ACTIVISTS
Utah Health Policy Project 508 E South Temple Suite 45 Salt Lake City, UT 84102	87-0684606	501(C)(3)	10,000	0			Support for policy and public education work on im STATIONS AND CONDUCT MEDIA AND POLICYMAKER OUTREACH
Community Catalyst Inc 30 Winter Street Boston, MA 02108	04-3355127	501(C)(3)	148,426	0			To provide core support to stimulate new philantr AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE
California Pan-Ethnic Health Network 654 Thirteenth Street Oakland, CA 94612	94-3306223	501(C)(3)	100,000	0			To support the partners in the Healthcare coalitio SECURITY FREEZE AND IDENTITY THEFT PREVENTION ISSUES
Health Access Foundation 414 13th Street Suite 450 Oakland, CA 94612	93-0957949	501(C)(3)	147,500	0			To support the partners in the Healthcare coalitio ISSUES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
ThirteenWN 450 West 33rd Street New York, NY 10001	13-1945149	501(C)(3)	15,000	0			General operating support to LEAD AND intellectual property issues
National Consumer law Center 7 Winthrop Sq 4th Floor Boston, MA 02110	04-2488502	501(C)(3)	10,000	0			Support for legal and policy research regarding st philANTHROPIC RESOURCES AND ENSURE ACCOUNTABILITY OF HEALTHCARE CONVERSION FOUNDATIONS
Identity Theft Action Council of Nebraska 16422 Ames Avenue Suite 1004 Omaha, NE 68116	16-1774332	501(C)(3)	7,500	0			Support for identity theft and privacy CoALITION TO Ensure CONSUMER VOICES WERE INCLUDED IN THE DISCUSSION ABOUT HEALTH CARE REFORM IN CALIFORNIA

2008

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service**Name of the organization**

CONSUMERS UNION OF UNITED STATES INC

**Employer identification number**

13-1776434

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JAMES A GUEST	(i) 453,802 (ii) 0	104,750 0	8,942 0	21,200 0	81,012 0	669,706 0	290,127 0
JOHN SATEJA	(i) 395,546 (ii) 0	36,500 0	884 0	16,588 0	42,222 0	491,740 0	178,558 0
RICHARD GANNON	(i) 348,156 (ii) 0	12,000 0	13,614 0	11,995 0	42,222 0	427,987 0	146,312 0
Rahul Belani	(i) 273,397 (ii) 0	45,500 0	13,410 0	4,519 0	42,222 0	379,048 0	118,719 0
Jamie Darnow	(i) 263,753 (ii) 0	9,000 0	6,598 0	0 0	39,648 0	318,999 0	0 0
Eileen Hershenov	(i) 285,855 (ii) 0	8,000 0	442 0	6,401 0	42,222 0	342,920 0	0 0
Paige Litman Amidon	(i) 242,635 (ii) 0	27,500 0	500 0	16,500 0	108,453 0	395,588 0	0 0
Kevin McKean	(i) 298,164 (ii) 0	8,500 0	451 0	6,985 0	42,222 0	356,322 0	125,498 0
Jerold Steinbrink	(i) 303,610 (ii) 0	8,500 0	458 0	6,204 0	40,130 0	358,902 0	127,340 0
Jeffrey Asher	(i) 199,543 (ii) 0	7,000 0	76,023 0	0 0	27,636 0	310,202 0	128,655 0
Michael D Alessandro	(i) 249,090 (ii) 0	8,500 0	98,165 0	2,245 0	41,394 0	399,394 0	203,184 0
Christopher Meyer	(i) 237,811 (ii) 0	7,500 0	362 0	1,042 0	42,222 0	288,937 0	0 0
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SEVERANCE PAYMENTS AND UNQUALIFIED PLAN BENEFITS		SEVERANCE PAYMENTS - PART I LINE 4A JEFF ASHER - \$76,023 PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - DEFERRED COMPENSATION JAMES GUEST - \$21,200 JOHN SATEJA -\$16,588 RICHARD GANNON - \$11,995 RAHUL BELANI - \$4,519 MICHAEL D'ALESSANDRO - \$2,245 EILEEN HERSHENOV - \$6,401 PAIGE LITMAN-AMIDON - \$16,500 KEVIN MCKEAN - \$6,985 CHRIS MEYER - \$1,042 JEROLD STEINBRINK - \$6,204
FORM FORM 990, SCHEDULE J, PART II, COL F		ON THE 2007 FORM 990 FILED BY THE ORGANIZATION FOR THE FISCAL YEAR ENDED 5/31/2008, COMPENSATION FOR OFFICERS, DIRECTORS AND KEY EMPLOYEES WAS REPORTED ON A FISCAL YEAR BASIS, ON THE 2008 REVISED FORM 990 THE ORGANIZATION IS FILING FOR THE FISCAL YEAR ENDED 5/31/2009, BUT NOW COMPENSATION FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES IS REPORTED ON A CALENDAR YEAR (2008) BASIS IN ACCORDANCE WITH NEW IRS REQUIREMENTS THEREFORE, OF THE TOTAL AMOUNTS INCLUDED AS CURRENT YEAR COMPENSATION ON THE 2008 FORM 990, SCHEDULE J, PART II, COLUMNS B (I) - (III) THE AMOUNTS SHOWN ON FORM 990, SCHEDULE J, PART II, COLUMN F, REPRESENT AMOUNTS PREVIOUSLY REPORTED AS COMPENSATION ON THE ORGANIZATION'S 2007 FORM 990 (REPRESENTING ONLY THE PERIOD FROM JANUARY 2008 THROUGH MAY 2008) AND THEREFORE SHOULD NOT BE CONSIDERED FOR YEAR OVER YEAR COMPARISON PURPOSES

**Software ID:**  
**Software Version:**  
**EIN:** 13-1776434  
**Name:** CONSUMERS UNION OF UNITED STATES INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JAMES A GUEST	(i) 453,802 (ii) 0	104,750 0	8,942 0	21,200 0	81,012 0	669,706 0	290,127 0
JOHN SATEJA	(i) 395,546 (ii) 0	36,500 0	884 0	16,588 0	42,222 0	491,740 0	178,558 0
RICHARD GANNON	(i) 348,156 (ii) 0	12,000 0	13,614 0	11,995 0	42,222 0	427,987 0	146,312 0
Rahul Belani	(i) 273,397 (ii) 0	45,500 0	13,410 0	4,519 0	42,222 0	379,048 0	118,719 0
Jamie Darnow	(i) 263,753 (ii) 0	9,000 0	6,598 0	0 0	39,648 0	318,999 0	0 0
Eileen Hershenov	(i) 285,855 (ii) 0	8,000 0	442 0	6,401 0	42,222 0	342,920 0	0 0
Paige Litman Amidon	(i) 242,635 (ii) 0	27,500 0	500 0	16,500 0	108,453 0	395,588 0	0 0
Kevin McKean	(i) 298,164 (ii) 0	8,500 0	451 0	6,985 0	42,222 0	356,322 0	125,498 0
Jerold Steinbrink	(i) 303,610 (ii) 0	8,500 0	458 0	6,204 0	40,130 0	358,902 0	127,340 0
Jeffrey Asher	(i) 199,543 (ii) 0	7,000 0	76,023 0	0 0	27,636 0	310,202 0	128,655 0
Michael D Alessandro	(i) 249,090 (ii) 0	8,500 0	98,165 0	2,245 0	41,394 0	399,394 0	203,184 0
Christopher Meyer	(i) 237,811 (ii) 0	7,500 0	362 0	1,042 0	42,222 0	288,937 0	0 0

Schedule K  
(Form 990)

OMB No 1545-0047

## Supplemental Information on Tax Exempt Bonds

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceTo be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization

CONSUMERS UNION OF UNITED STATES INC

Employer identification number

13-1776434

## Part I Bond Issues (Required for 2008)

(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	
						Yes	No	Yes	No
A CITY OF YONKERS INDUSTRIAL DEVELOPMENT AGENCY	13-1776434	986083BN2	12-22-2005	47,300,000	REFINANCE DEBT AND CAPITAL PROJECT		X		X

## Part II Proceeds (Optional for 2008)

1 Total Proceeds of Issue	A		B		C		D		E	
	Yes	No								
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

## Part III Private Business Use (Optional for 2008)

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

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
<b>5</b> 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 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Has a Form 8038-T been filed with respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										

SCHEDULE M  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Non-Cash Contributions

OMB No 1545-0047

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

2008

Open to Public  
InspectionName of the organization  
CONSUMERS UNION OF UNITED STATES INC

Employer identification number

13-1776434

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	5	84,809	Fair Market Value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .	X	1	64,733	Fair Market Value
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 (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
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			29	
Acknowledgement . . . . .				

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		
30a		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 non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		
32a	Yes	
b If "Yes", describe in Part II		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990****2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.****Name of the organization**  
CONSUMERS UNION OF UNITED STATES INC**Employer identification number**

13-1776434

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	<p>CONSUMERS INFORMATION CONSUMERS UNION OF US INC PUBLISHES AND DISSEMINATES INFORMATION AND ADVICE TO CONSUMERS REGARDING TOPICS SUCH AS CONSUMER GOODS, SERVICES, HEALTH AND PERSONAL FINANCE THE NUMBER OF PAID SUBSCRIBERS FOR EACH AS OF 5/31/09 INCLUDE CONSUMER REPORTS 4,101,122, CONSUMER REPORTS ON HEALTH 626,541, CR ONLINE 3,237,422, CONSUMER REPORTS MONEY ADVISER 218,856, AUTO BUYING KIT 40,201, SHOP SMART 88,192 AND CONSUMER REPORTS HEALTH ORG 81,477 CONSUMERS UNION OF US INC DOES NOT ACCEPT OUTSIDE ADVERTISING IN ANY OF ITS PUBLICATIONS IN ADDITION, CONSUMERS UNION OF US INC DISSEMINATES CONSUMER INFORMATION THROUGH OTHER PRINT, RADIO, TELEVISION, ELECTRONIC PUBLISHING AND INTERACTIVE MEDIA PRODUCT INFORMATION CONSUMERS UNION OF US INC CONDUCTS INDEPENDENT AND CONSUMER 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 EVALUATE HOW THE PRODUCTS PERFORM AND ADVISE CONSUMERS ON THE EXTENT TO WHICH THEY ARE CONVENIENT, SAFE, AND ECONOMICAL DURING THE FISCAL YEAR ENDED 5/31/09, CONSUMERS UNION OF US INC CONDUCTED TESTS ON MORE THAN 2900 SAMPLES OF VARIOUS CONSUMER PRODUCTS, MAKING USE OF 50 LABORATORIES AND ITS AUTO TRACK THE INFORMATION GATHERED AS RESULT OF THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC AS DESCRIBED ABOVE EDUCATION PROGRAMS THE CONSUMER REPORTS CLASSROOM PROGRAM OFFERS DISCOUNTED SUBSCRIPTIONS FOR STUDENTS IN CLASS SETS OF 20 OR MORE, ACCCOMPANIED BY A FREE SUBSCRIPTION FOR TEACHERS, A FREE TEACHING GUIDE AND ANNUAL BUYING GUIDE, AVAILABLE THROUGH WWW CONSUMERREPORTS ORG/CLASSROOM THESE MATERIALS ARE USED IN SCHOOLS AND OTHER SETTINGS TO TEACH CRITICAL THINKING SKILLS, READING, MATH, AND CONSUMER EDUCATION IN ADDITION, CONSUMERS UNION PROVIDES SUBSTANTIAL FREE CONSUMER EDUCATION INFORMATION AS A PUBLIC SERVICE THROUGH OUR EDUCATIONAL WEB SITES THESE INCLUDE THE CONSUMERS UNION ADVOCACY WEB SITE (CONSUMERSUNION ORG), CONSUMER REPORTS WEB WATCH (CONSUMERWEBWATCH ORG), CONSUMER REPORTS BEST BUY DRUGS (CRBESTBUYDRUGS ORG), SPANISH LANGUAGE CONSUMER EDUCATION MATERIALS, AT (CONSUMERSUNION ORG/ESPAÑOL) (HTTP //ESPAÑOL CONSUMERREPORTS ORG/CUESPANOL) CONSUMER REPORTS GREENER CHOICES (GREENERCHOICES ORG), AND ECO-LABELS, AN ONLINE GUIDE TO ENVIRONMENTAL LABELS (ECO-LABELS ORG) A TWO YEAR CONSUMER EDUCATION OUTREACH PROGRAM COMPLETED IN MAY 2008 PROVIDED ADDITIONAL CONTENT AND OUTREACH TO LOW-INCOME AUDIENCES SPECIFIC ACCOMPLISHMENTS INCLUDED A) HEALTH INSURANCE DISCLOSURES - DEVELOPED TEMPLATE FOR SUPPLIER-SUPPLIED HEALTH INSURANCE DISCLOSURES MASSACHUSETTS OFFICIALS HAVE ADAPTED THESE FOR USE IN THEIR ONLINE HEALTH INSURANCE COMPARISON SHOPPING SITE - WE HAVE ADAPTED THE CONTENT INTO ONLINE WORKSHEETS TO SUPPLEMENT THE CONSUMER REPORTS SIX-PART HEALTHCARE SERIES OF ARTICLES THE CONTENT NOW APPEARS ON CRHEALTH ORG B) EDUCATION OUTREACH PARTNERSHIPS - DIGITAL TELEVISION CONVERSION CREATED BILINGUAL EDUCATION MATERIALS (OVER 100,000 DISTRIBUTED), A NATIONALLY BROADCAST 5 MIN EDUCATIONAL VIDEO (OVER 3 MILLION VIEWERS), A FREE WEB-HUB ON CR ORG, AND INFLUENTIAL SURVEYS OF CONSUMER AWARENESS AND MARKET IMPACT OF THE TRANSITION PARTICIPATED IN TOWN HALL MEETINGS IN LARGE LATINO MEDIA MARKETS IN CONJUNCTION WITH FREQUENT INTERVIEWS ON UNIVISION AND LOCAL LATINO NEWSPAPERS, RADIO AND BROADCAST MEDIA TO INFORM CONSUMERS OF THE TRANSITION EXTENSION TO JUNE 2009 AND HOW TARGET COMMUNITIES CAN BEST MANAGE THE TRANSITION MATERIALS HAVE BEEN PROMOTED THROUGH NATIONAL MEDIA AND LOCAL OUTREACH ESPECIALLY AMONG LOW-INCOME AND HISPANIC AUDIENCES - LITERACY VOLUNTEERS OF AMERICA THE U S CIVICS FOR IMMIGRANTS PROGRAM (USCFI) IS AN INSTRUCTIONAL COURSE FOR LOW-LITERACY, LOW-INCOME ADULTS AND THEIR FAMILIES IN NEW YORK STATE IN 2008 CU HELPED DEVELOP THREE CONSUMER EDUCATION AND FINANCIAL LITERACY MODULES THAT HAVE BEEN INTEGRATED INTO THIS PROGRAM SUBSEQUENTLY, THE ENTIRE PROGRAM HAS BEEN PROMOTED BY THE NY STATE EDUCATION DEPARTMENT AND ADULT EDUCATION WORKFORCE DEVELOPMENT TEAM AND WILL BE USED IN ALL FIVE OF THE NY SED-FUNDED LITERACY ZONES CUTTING ACROSS URBAN AND RURAL AREAS IN THE STATE THE MODULES ARE AVAILABLE FOR FREE DOWNLOAD AT HTTP //WWW HVCP ORG - NEW READER PRESS SYNDICATED SELECT CONSUMER REPORTS CONTENT FOR "NEWS FOR YOU", AN ADULT LOW-LITERACY TEACHING AID USED BY ADULT AND HIGH-SCHOOL STUDENTS NATIONWIDE AS PART OF ESL AND LANGUAGE ARTS INSTRUCTIONAL PROGRAMMING ANNUALLY, "NEWS FOR YOU" REACHES OVER 300,000 STUDENTS WITH 48 YEARLY ISSUES CONSUMERS UNION'S CONTRACT WITH NEW READERS PRESS EXPIRED IN SPRING 2009 - AD COUNCIL BUILT RELATIONSHIP WITH AD COUNCIL TO LINK RELEVANT CONSUMER REPORTS' CONTENT TO SPECIFIC CAMPAIGNS (E G , CR GREENER CHOICES CONTENT INCLUDED IN THE STOP GLOBAL WARMING CAMPAIGN) C) COLLEGE FINANCING - DEVELOPED SEVEN POLICY RECOMMENDATIONS THAT HELP STUDENT LOAN BORROWERS IDENTIFY AFFORDABLE LOANS AND UNDERSTAND THE IMPLICATIONS OF STUDENT DEBT ON THEIR FUTURE CHOICES THESE RECOMMENDATIONS INFORMED NATIONAL AND STATE LEGISLATIVE ACTIONS - DEVELOPED CRO WORKSHEETS TO HELP CONSUMERS UNDERSTAND COLLEGE FINANCING USING THE SAME CONTENT GRANTS CONSUMERS UNION OF US INC MAKES GRANTS TO OTHER NONPROFIT ORGANIZATIONS AND PROJECTS THAT CONDUCT ACTIVITIES THAT ARE SIMILAR AND RELATED TO CONSUMERS UNION OF US INC EXEMPT PURPOSES DURING THE FISCAL YEAR END 5/31/09, CONSUMERS UNION OF US INC MADE 17 SUCH GRANTS</p>

Identifier	Return Reference	Explanation
CONSOLIDATED FINANCIAL STATEMENTS	PART IV, LINE 12	CONSUMERS UNION OF UNITED STATES, INC IS AUDITED IN COMBINATION WITH ITS RELATED ORGANIZATIONS CONSUMERS UNION ACTION FUND, INC [EIN 20-4780406] AND TRUMAN AVENUE FOUNDATION, INC [EIN 20-5665599], ALTHOUGH SEPARATE AUDITED FINANCIAL STATEMENTS ARE NOT ISSUED FOR CONSUMERS UNION OF UNITED STATES, INC , A CONSOLIDATED AUDITED FINANCIAL STATEMENT WAS ISSUED FOR THE YEAR 2008 WHICH WAS PREPARED IN ACCORDANCE WITH GAAP FORM 990 REVIEW PROCESS FORM 990, PART VI, LINE 10 THE 990 IS PREPARED UTILIZING THE ASSISTANCE OF OUR INDEPENDENT FINANCIAL AUDITOR, KPMG THE RELATED SERVICES FROM KPMG ARE APPROVED BY THE AUDIT COMMITTEE AS PART OF THE AUDIT APPROVAL PROCESS AFTER THE 990 IS PREPARED BY KPMG WITH CO-ORDINATION WITH CU FINANCE MANAGEMENT, IT IS REVIEWED BY CONTROLLER AND CFO BEFORE IT IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST COMPLIANCE PROCESS	FORM 990, PART VI, LINE 12C	CONSUMERS UNION 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, AND, IF CONFLICTS CANNOT BE RESOLVED, BY A STAFF CONFLICT OF INTEREST COMMITTEE

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	FORM 990, PART VI, LINE 15	CU'S EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO ATTRACT, ENGAGE, AND RETAIN HIGHLY TALENTED AND DEDICATED INDIVIDUALS WHO POSSESS THE PREREQUISITE SKILLS AND DEMONSTRATED PERFORMANCE NECESSARY TO FULFILL ITS MISSION THE PROGRAM IS STRUCTURED TO PROVIDE TOTAL COMPENSATION DIRECT AND INDIRECT THAT SUPPORTS THE ACHIEVEMENT OF CU'S STRATEGIC AND OPERATING GOALS AND IS REASONABLY COMPETITIVE TO WHAT IS OFFERED BY COMPARABLE ORGANIZATIONS CU ESTABLISHED AND MAINTAINS AN EXECUTIVE COMPENSATION PROGRAM THAT QUALIFIES FOR A REBUTTABLE PRESUMPTION OF REASONABILITY AND PERIODICALLY REVIEWS ITS EXECUTIVE COMPENSATION TO ENSURE ONGOING ALIGNMENT WITH ITS STRATEGIC DIRECTION AND FINANCIAL LIMITS TO ENSURE ITS EXECUTIVE COMPENSATION IS CONSISTENT WITH THIS COMPENSATION PHILOSOPHY, CU - CLEARLY IDENTIFIES A SURVEY PEER GROUP AND PROTOCOL FOR BENCHMARKING AND DETERMINING THE REASONABILITY OF TOTAL COMPENSATION IN RELATION TO MARKET NORMS FOR SIMILAR EXECUTIVE POSITIONS, - ENGAGES AN INDEPENDENT AND QUALIFIED COMPENSATION CONSULTANT TO PERIODICALLY COMPILE AND ANALYZE COMPETITIVE MARKET COMPENSATION FOR SIMILAR EXECUTIVES IN ORGANIZATIONS COMPARABLE TO CU, - PROVIDES REASONABLY COMPETITIVE TOTAL COMPENSATION CONSISTENT WITH MARKET NORMS AND PERFORMANCE RESULTS IN ANY GIVEN YEAR, AND - PERIODICALLY EVALUATES AND REALIGNS PERFORMANCE MEASURES TO CONFORM TO CHANGING STRATEGIC GOALS AND OTHER BUSINESS NEEDS ENSURES THAT THE EXECUTIVE COMPENSATION PROGRAM IS CONSISTENT WITH CU'S MISSION AND TAX-EXEMPT STATUS AND THAT COMPENSATION IS BOTH COMPETITIVE AND REASONABLE IS A SHARED RESPONSIBILITY OF THE BOARD OF DIRECTORS ("THE BOARD"), ITS COMPENSATION AND HUMAN RESOURCES COMMITTEE ("THE COMMITTEE"), AND CU'S PRESIDENT THE COMMITTEE IS MADE UP OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS WHO DO NOT HAVE ANY CONFLICT OF INTEREST WITH REGARD TO EXECUTIVE COMPENSATION

Identifier	Return Reference	Explanation
PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS	FORM 990, PART VI, LINE 19	CONSUMERS UNION'S ANNUAL FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.CONSUMERREPORTS.ORG OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

SCHEDULE R  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

2008

Open to Public  
Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
 ► See separate instructions.

## Name of the organization

CONSUMERS UNION OF UNITED STATES INC

## Employer identification number

13-1776434

## Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Consumer Media LLC 101 Truman Ave Yonkers, NY 10703 26-3886493	EDUCATION	DE	0	30,356	CU

## Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Consumers Union Action Fund 101 Truman Avenue Yonkers, NY 10703 20-4780406	LOBBYING	DE	501(c)(4)	N/A	CU
The Truman Avenue Foundation Inc 101 Truman Avenue Yonkers, NY 10703 20-5665599	R/E HOLDING	DE	501(c)(3)	11 - I	CU

**Part III Identification of Related Organizations Taxable as a Partnership**

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p		No
1q		No
1r		No

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Consumers Union Action Fund Inc	a	4,068
(2)	Consumers Union Action Fund Inc	b	300,000
(3)			
(4)			
(5)			
(6)			

## Part VI Unrelated Organizations Taxable as a Partnership

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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1776434  
**Name:** CONSUMERS UNION OF UNITED STATES INC

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Marcia Aronoff , DIRECTOR	1 0	X					0	0	0
Diane Archer , DIRECTOR	1 0	X					0	0	0
Robert E Baensch , DIRECTOR	1 0	X					0	0	0
Walter Bristol , DIRECTOR	1 0	X					0	0	0
Laurence Bunin , DIRECTOR	1 0	X					0	0	0
Clarence Ditlow , DIRECTOR	1 0	X					0	0	0
Jean Ann Fox MS MPA , Vice Chair	1 0	X	X				0	0	0
Barbara Friedman , TREASURER	1 0	X	X				0	0	0
Karen Hein MD , Director	1 0	X					0	0	0
Steven R Hill , DIRECTOR	1 0	X					0	0	0
Carol Izumi , DIRECTOR	1 0	X					0	0	0
Craig Newmark , DIRECTOR	1 0	X					0	0	0
BURNELE V POWELL , Director	1 0	X					0	0	0
Teresa Moran Schwartz , Chair	1 0	X	X				0	0	0
Norman I Silber , Secretary	1 0	X	X				0	0	0
Thomas C Voice , DIRECTOR	1 0	X					0	0	0
Thomas Wathen , DIRECTOR	1 0	X					0	0	0
JAMES A GUEST , President & CEO	35 0		X				567,494	0	102,212
JOHN SATEJA , Executive VP	35 0		X				432,930	0	58,810
RICHARD GANNON , VP & CFO	35 0		X				373,770	0	54,217
Jerold Steinbrink , VP, Publishing	35 0			X			312,568	0	46,334
Jeffrey Asher , Retired	35 0			X			282,566	0	27,636
Michael D Alessandro , VP & Chief of Staff	35 0			X			355,755	0	43,639
Christopher Meyer , VP, External Affairs	35 0			X			245,673	0	43,264
Rahul Belani , VP & CTO	35 0				X		332,307	0	46,741
Jamie Darnow , Sr Dir & chief Mkt Officer	35 0				X		279,351	0	39,648
Eileen Hershonov , VP, General Counsel	35 0				X		294,297	0	48,623
Paige Litman Amidon , VP, Health Progams	35 0				X		270,635	0	124,953
Kevin McKean , VP, Editorial Director	35 0				X		307,115	0	49,207