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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010</b>										
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Consumers Union of US Inc					<b>D Employer identification number</b> 13-1776434		
			Doing Business As					<b>E Telephone number</b> (914) 378-2000		
			Number and street (or P O box if mail is not delivered to street address) 101 TRUMAN AVENUE				Room/suite	<b>G Gross receipts \$</b> 713,378,176		
			City or town, state or country, and ZIP + 4 YONKERS, NY 107031057							
			<b>F Name and address of principal officer</b> JAMES A GUEST 101 TRUMAN AVENUE YONKERS, NY 107031057					<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)					
<b>J Website:</b> WWW.CONSUMERREPORTS.ORG					<b>H(c)</b> Group exemption number					
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					<b>L Year of formation</b> 1936		<b>M State of legal domicile</b> NY			






## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b>	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		
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	1
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	1
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	66
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	1
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	363,51
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	125,39

		Prior Year	Current Year
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	18,756,084	17,433,629
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	225,742,828	220,965,783
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	7,830,685	6,105,441
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	670,126	70,043
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	252,999,723	244,574,896
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	642,500	866,098
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	82,888,169	84,910,015
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	610,102	154,449
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>9,389,056</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	161,882,190	157,732,303
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	246,022,961	243,662,865
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	6,976,762	912,031
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	302,962,362	319,141,134
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	244,480,979	251,660,099
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	58,481,383	67,481,035

<b>Part II</b>	<b>Signature Block</b>
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<div> <div>Sign Here</div> </div>	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	
	<div> <div>*****</div> <div>Signature of officer</div> </div>	<div> <div>2011-01-10</div> <div>Date</div> </div>
	<div> <div>JAMES A GUEST CHIEF EXECUTIVE OFFICER</div> <div>Type or print name and title</div> </div>	

Paid Preparer's Use Only	Preparer's signature 		Date	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 345 Park Avenue New York, NY 101540102			EIN 
		Phone no  (212) 758-9700			

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

**1** Briefly describe the organization's mission

**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 501(c)(4) organizations and section 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.

<b>4a</b>	(Code ) (Expenses \$ 208,951,009 including grants of \$ 866,098 ) (Revenue \$ 221,931,610 )
	CONSUMER INFORMATION, PRODUCT INFORMATION, EDUCATION AND GRANTS SEE SCHEDULE O FOR ADDITIONAL INFORMATION

**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 \$ \_\_\_\_\_ )

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 208,951,009</b>
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Part IV

Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes				
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or 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 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No				
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 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes				
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 U S ? If "Yes," complete Schedule F, Part II 	15	Yes				
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 U S ? If "Yes," complete Schedule F, Part III 	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	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	362	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	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	668	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	Yes
b If "Yes," enter the name of the foreign country: CA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	17	
b	Enter the number of voting members that are independent . . . . .	1b	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	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? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
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? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
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? . . . . .	16b		

Section C. Disclosure

17	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 , 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
18	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 type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	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.	
20	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

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

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

Form **990** (2009)

<b>1b Total</b>	4,206,226	0	684,002
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **279**

		<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> Yes	
<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 MOUNTAIN VIEW, CA 94043	SEARCH ENGINE MARKET	9,029,621
COMMUNICATION DATA SERVICES 1901 BELL AVENUE DES MOINES, IA 50315	FULFILLMENT SERVICES	7,318,785
QUEBECOR WORLD INC 3101 MCCALL DRIVE ATLANTA, GA 303402899	PRINTING	4,289,614
HEALTH NET PO BOX 31965 HARTFORD, CT 06150	HEALTHCARE	2,906,827
ACXIOM CORPORATION 301 INDUSTRIAL BLVD CONWAY, AR 72032	FULFILLMENT SERVICES	2,501,274

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **165**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,433,629				
	g	Noncash contributions included in lines 1a-1f \$ 81,390						
	h	Total. Add lines 1a-1f . . . . .		17,433,629				
Program Service Revenue			Business Code					
	2a	SUBSCRIPTIONS, NEWSSTAND, & OTHER SALES	511,120	133,053,338	133,053,338			
	b	ONLINE SUBSCRIPTION SALES	519,130	87,620,632	87,257,119	363,513		
	c	TESTING REVENUE	541,380	291,813	291,813			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		220,965,783				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			4,602,500		4,602,500	
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties . . . . .			1,257,640		1,257,640	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		470,306,221						
		468,803,280						
		1,502,941						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .			1,502,941			1,502,941
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a						
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from fundraising events . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
a								
b	Less direct expenses . . . . .		b					
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances . . . . .							
	a							
b	Less cost of goods sold . . . . .		b					
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	MANAGEMENT/EXEMPT PENSION PLAN		900,099	-1,187,597			-1,187,597	
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			-1,187,597				
12	Total revenue. See Instructions . . . . .			244,574,896	220,602,270	363,513	6,175,484	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	761,672	761,672		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	104,426	104,426		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,319,992	814,773	1,471,352	33,867
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	59,110,883	49,402,385	8,361,619	1,346,879
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,826,451	6,397,794	1,252,746	175,911
9	Other employee benefits . . . . .	10,787,584	8,818,397	1,726,721	242,466
10	Payroll taxes . . . . .	4,865,105	3,977,019	778,736	109,350
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	714,110	621,268	78,180	14,662
c	Accounting . . . . .	567,091	12,229	554,862	
d	Lobbying . . . . .	1,235,546	1,235,546		
e	Professional fundraising See Part IV, line 17 . . . . .	154,449			154,449
f	Investment management fees . . . . .	348,315		348,315	
g	Other . . . . .	8,372,877	6,858,049	1,350,467	164,361
12	Advertising and promotion . . . . .	30,603,770	30,153,443	36,920	413,407
13	Office expenses . . . . .	1,281,210	798,112	466,725	16,373
14	Information technology . . . . .	1,043,450	190,384	853,066	
15	Royalties . . . . .	361,953	361,953		
16	Occupancy . . . . .	3,075,030	2,513,530	492,312	69,188
17	Travel . . . . .	1,210,896	997,329	186,639	26,928
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	357,052	144,211	206,750	6,091
20	Interest . . . . .	1,271,374		1,271,374	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	11,361,027	8,946,707	2,412,228	2,092
23	Insurance . . . . .	1,083,044		1,083,044	
24	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 )				
a	POSTAGE & SHIPPING	37,397,764	34,466,594	118,384	2,812,786
b	PRINTING & PUBLICATION	29,859,784	27,386,239	73,301	2,400,244
c	OTHER COST OF SALES	2,205,106	2,205,106		
d	ORDER PROCESSING	15,976,919	13,551,136	1,109,269	1,316,514
e	PRODUCT TESTING	3,676,367	3,676,367		
f	All other expenses	5,729,618	4,556,340	1,089,790	83,488
25	Total functional expenses. Add lines 1 through 24f	243,662,865	208,951,009	25,322,800	9,389,056
26	Joint costs. Check here <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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,038,947	1	708,842
	2	Savings and temporary cash investments . . . . .			14,582,985	2	28,251,030
	3	Pledges and grants receivable, net . . . . .			5,930,213	3	3,737,759
	4	Accounts receivable, net . . . . .			11,513,661	4	6,117,340
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			4,375,373	8	4,441,988
	9	Prepaid expenses and deferred charges . . . . .			37,236,128	9	33,996,658
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	148,616,651			
	b	Less accumulated depreciation . . . . .	10b	85,471,414	65,879,257	10c	63,145,237
	11	Investments—publicly traded securities . . . . .			156,932,421	11	175,185,759
	12	Investments—other securities See Part IV, line 11 . . . . .			820,000	12	550,000
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .			548,896	14	0
	15	Other assets See Part IV, line 11 . . . . .			3,104,481	15	3,006,521
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			302,962,362	16	319,141,134
Liabilities	17	Accounts payable and accrued expenses . . . . .			20,391,662	17	19,683,068
	18	Grants payable . . . . .			262,500	18	0
	19	Deferred revenue . . . . .			145,954,430	19	144,303,743
	20	Tax-exempt bond liabilities . . . . .			47,300,000	20	47,300,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			30,572,387	25	40,373,288
	26	Total liabilities. Add lines 17 through 25 . . . . .			244,480,979	26	251,660,099
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			50,588,581	27	62,699,460
	28	Temporarily restricted net assets . . . . .			7,892,802	28	4,781,575
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			58,481,383	33	67,481,035
	34	Total liabilities and net assets/fund balances . . . . .			302,962,362	34	319,141,134

**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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?    .    .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant?    .    .    .    .    .    .    .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O    .    .    .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<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?    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits    .    .		

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

Name of the organization Consumers Union of US Inc	Employer identification number 13-1776434
---	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **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).**

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).**

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  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

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 supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(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	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions )

12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. 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 stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,865,389	20,841,882	27,060,621	18,756,084	17,433,629	96,957,605
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	205,822,889	219,127,420	229,309,060	225,742,828	221,931,610	1,101,933,807
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	218,688,278	239,969,302	256,369,681	244,498,912	239,365,239	1,198,891,412
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	5,118	6,175	17,950	25,500	39,737	94,480
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b	5,118	6,175	17,950	25,500	39,737	94,480
8Public Support (Subtract line 7c from line 6 )						1,198,796,932

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	218,688,278	239,969,302	256,369,681	244,498,912	239,365,239	1,198,891,412
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,246,194	5,719,315	7,537,305	6,574,790	4,602,500	28,680,104
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	125,396	125,396
cAdd lines 10a and 10b	4,246,194	5,719,315	7,537,305	6,574,790	4,727,896	28,805,500
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income (Do not include gain or loss from the sale of capital assets (Explain in Part IV )	1,283,586	585,574	507,806	670,126	-1,187,597	1,859,495
13Total support (Add lines 9, 10c, 11 and 12 )	224,218,058	246,274,191	264,414,792	251,743,828	242,905,538	1,229,556,407
14First 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	97.498 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	97.480 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	2.343 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.250 %

- 19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

**Part IV**

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

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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Consumers Union of US Inc	Employer identification number 13-1776434
---	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file Form 1120-POL for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000			2,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c Total lobbying expenditures	521,774	514,111			1,035,885
d Grassroots non-taxable amount	250,000	250,000			500,000
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f Grassroots lobbying expenditures	234,155	179,296			413,451

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			774,569 361,493 807,702 68,000 474,104 227,888
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?	Yes		
	d Mailings to members, legislators, or the public?	Yes		
	e Publications, or published or broadcast statements?	Yes		
	f Grants to other organizations for lobbying purposes?	Yes		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				2,713,756
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No		
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Consumers Union of US 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 for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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)  
☐ Protection of natural habitat  
☐ Preservation of open space  
☐ Preservation of an historically importantly land area  
☐ Preservation of a certified historic structure

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	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

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, handling of violations, and enforcement of the conservation easements it holds?  
☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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 the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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 . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the 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 . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

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) Accumulated depreciation	(d) Book value
1a Land . . . . .		11,935,255		11,935,255
b Buildings . . . . .		65,040,370	27,197,051	37,843,319
c Leasehold improvements . . . . .		332,697	135,211	197,486
d Equipment . . . . .		31,319,956	27,630,795	3,689,161
e Other . . . . .		39,988,373	30,508,357	9,480,016
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				63,145,237



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1244,574,896
2	Total expenses (Form 990, Part IX, column (A), line 25)	2243,662,865
3	Excess or (deficit) for the year Subtract line 2 from line 1	3912,031
4	Net unrealized gains (losses) on investments	416,742,000
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-8,564,031
9	Total adjustments (net) Add lines 4 - 8	98,177,969
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	109,090,000

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1252,654,715
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a16,742,000	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d340,226	
e	Add lines 2a through 2d . . . . .	2e17,082,226
3	Subtract line 2e from line 1 . . . . .	3235,572,489
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 . . . . .4a348,315	
b	Other (Describe in Part XIV) . . . . .4b8,654,092	
c	Add lines 4a and 4b . . . . .	4c9,002,407
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5244,574,896

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1243,564,150
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d249,600	
e	Add lines 2a through 2d . . . . .	2e249,600
3	Subtract line 2e from line 1 . . . . .	3243,314,550
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 . . . . .4a348,315	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	4c348,315
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5243,662,865

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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, 2010.
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	UNREALIZED LOSS INTEREST RATE SWAP (237,863) PENSION RELATED CHANGES (8,298,089) CHANGE IN VALUE SPLIT INTEREST AGREEMENT (197,291) CHANGE RESTRICTED BEQUEST REVENUE 79,151 REVENUE OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC 339,999 EXPENSES OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC (248,981) EXPENSES OF RELATED ENTITY - TRUMAN AVENUE FOUNDATION, INC (560) ROUNDING (397) ===== TOTAL \$ (8,564,031)
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII	PART XII, LINE 2D REVENUE OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC \$ 339,999 ROUNDING 227 ===== TOTAL \$ 340,226 PART XII, LINE 4B - OTHER UNREALIZED LOSS ON INTEREST RATE SWAP \$ 237,863 PENSION RELATED CHANGES \$ 8,298,089 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 197,291 CHANGE - CONTRIBUTION OF REVENUE - BEQUEST \$ (79,151) ===== TOTAL \$ 8,654,092
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	EXPENSES OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC \$ 248,981 EXPENSES OF RELATED ENTITY - TRUMAN AVENUE FOUNDATION, INC 560 ROUNDING 59 ===== TOTAL \$ 249,600

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

Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

# 2009

## Open to Public Inspection

Name of the organization  
Consumers Union of US Inc

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 grant makers.** 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 )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Publication and inform	1,438,666
Europe (Including Iceland and Greenland)			Grantmaking		104,426
North America			Program Services	Publication and inform	1,081,677
<b>Totals . . . . . ▶</b>					2,624,769

[illegible]

**3** Enter total number of other organizations or entities . . . . .

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

[illegible]

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

# Schedule F (Form 990) 2009

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
Consumers Union of US Inc

Employer identification number  
13-1776434

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

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

e ☐ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☐ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
OUTREACH ASSOCIATES	TELE MARKETING		No	464,754	154,449	310,305
Total . . . . . ▶				464,754	154,449	310,305

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,KS,KY,LA,ME,MD,MA,MI,MN,MS,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	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .			
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			

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 . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	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	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

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

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter 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? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	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		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</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 ► \$		

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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

DLN: 93493013015241

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Consumers Union of US 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" to 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 (Form 990) if additional space is needed . . . . .

(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
CONSUMER FEDERATION OF AMERICA1424 16TH STREET NW SUITE 604 WASHINGTON,DC 20036	520880625	501(C)(3)	65,000				SUPPORT STATE AND LOCAL GRANTS FOR CONSUMER ORGANIZATION DEVELOPMENT PROGRAM
CONSUMER FEDERATION OF AMERICA1424 16TH STREET NW SUITE 604 WASHINGTON,DC 20036	520880625	501(C)(3)	30,000				GENERAL OPERATING SUPPORT FOR STATE AND LOCAL CONSUMER ORGANIZATION DEVELOPMENT PROGRAM
CONSUMER FEDERATION OF AMERICA1424 16TH STREET NW SUITE 604 WASHINGTON,DC 20036	520880625	501(C)(3)	25,000				SUPPORT FOR TRAVEL AND CONFERENCE COST FOR STATE AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE
USPIRG EDUCATION FUND218 D STREET SE 2ND FLOOR WASHINGTON,DC 20003	042790740	501(C)(3)	25,000				GENERAL OPERATING SUPPORT FOR NATIONAL CONSUMER BACK-UP CENTER
IDENTITY THEFT ACTION COUNCIL OF NEBRASKA 16422 AMES AVENUE OMAHA SUITE 650 OMAHA,NE 68116	161774332	501(C)(3)	10,000				SUPPORT FOR AN ADVOCACY AND PUBLIC EDUCATION WORK REGARDING IDENTITY THEFT AND FINANCIAL PRIVACY ISSUES
COMMUNITY CATALYST INC30 WINTER STREET SUITE 10004 BOSTON,MA 02108	043355127	501(C)(3)	264,258				SUPPORT THE ACCOUNTABILITY OF HEALTHCARE CONVERSION FOUNDATION
CALIFORNIA PAN-ETHNIC HEALTH NETWORK654 THIRTEENTH STREET OAKLAND,CA 94612	943306223	501(C)(3)	94,324				SUPPORT HEALTH COALITION
HEALTH ACCESS FOUNDATION414 13TH STREET SUITE 450 OAKLAND,CA 94612	930957949	501(C)(3)	212,500				SUPPORT FOR HEALTHCARE COALITION

2

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

14

3

Enter total number of other organizations . . . . .

0

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

Cat No 50055P

Schedule I (Form 990) 2009

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

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

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

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Consumers Union of US Inc

Employer identification number  
13-1776434

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are 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	1b	
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?	2	
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**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) Retirement and other 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 reportable compensation				
JAMES A GUEST	(i) (ii)	467,005 0	104,750 0	5,593 0	19,722 0	42,220 0	639,290 0	0
JOHN SATEJA	(i) (ii)	411,899 0	15,000 0	1,894 0	16,591 0	46,343 0	491,727 0	0
RICHARD GANNON	(i) (ii)	361,367 0	0 0	7,387 0	11,995 0	46,343 0	427,092 0	0
RAHUL BELANI	(i) (ii)	321,245 0	3,340 0	14,471 0	4,519 0	46,343 0	389,918 0	0
JAMIE DARNOW	(i) (ii)	278,028 0	0 0	1,471 0	0 0	42,907 0	322,406 0	0
EILEEN HERSHENOV	(i) (ii)	296,929 0	0 0	6,280 0	6,401 0	46,343 0	355,953 0	0
KEVIN MCKEAN	(i) (ii)	307,235 0	0 0	2,341 0	7,190 0	46,343 0	363,109 0	0
JEROLD STEINBRINK	(i) (ii)	313,349 0	0 0	1,525 0	6,204 0	43,543 0	364,621 0	0
LIAM MCCORMACK	(i) (ii)	257,966 0	0 0	532 0	0 0	34,156 0	292,654 0	0
MICHAEL D'ALESSANDRO	(i) (ii)	257,740 0	0 0	660 0	2,245 0	45,746 0	306,391 0	0
CHRISTOPHER MEYER	(i) (ii)	245,662 0	0 0	816 0	1,046 0	46,343 0	293,867 0	0
EUGENE KIMMELMAN	(i) (ii)	64,332 0	0 0	203,164 0	0 0	29,886 0	297,382 0	0
PAIGE AMIDON	(i) (ii)	252,232 0	1,000 0	1,013 0	16,500 0	75,073 0	345,818 0	0 0

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.

Ident if ier	Ret urn Reference	Explanat ion
SEVERANCE PAYMENTS AND UNQUALIFIED PLAN BENEFITS		SEVERANCE PAYMENTS - GENE KIMMELMAN - \$146,193 PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - DEFERRED COMPENSATION JAMES GUEST - \$19,722 JOHN SATEJA - \$16,591 RICHARD GANNON - \$11,995 RAHUL BELANI - \$4,519 EILEEN HERSHENOV - \$6,401 KEVIN MCKEAN - \$7,190 JEROLD STEINBRINK - \$6,204 MICHAEL D'ALESSANDRO - \$2,245 CHRISTOPHER MEYER - \$1,042 PAIGE AMIDON - \$16,500

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization Consumers Union of US Inc	Employer identification number 13-1776434

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A CITY OF YONKERS INDUSTRIAL DEVEL AGENCY	13-1776434	986083BN2	12-22-2005	47,300,000	MULTI-MODAL CIVIC FACILITY REV		X		X

Part II Proceeds

		A	B	C	D	E			
1	Total proceeds of issue	47,300,000							
2	Gross proceeds in reserve funds	0							
3	Proceeds in refunding or defeasance escrows	0							
4	Other unspent proceeds	0							
5	Issuance costs from proceeds	2,254,188							
6	Working capital expenditures from proceeds	0							
7	Capital expenditures from proceeds	10,000,000							
8	Year of substantial completion	2006							
		Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X							
10	Were the bonds issued as part of an advance refunding issue?		X						
11	Has the final allocation of proceeds been made?	X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	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?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider			MORGAN STANLEY							
c	Term of hedge			30 5							
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
Consumers Union of US 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	11	81,390	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

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

Yes

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?

31

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

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

Cat No 51227J

Schedule M (Form 990) 2009

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.

Identifier	Return Reference	Explanation
USE OF THIRD PARTIES	SCHEDULE M, LINE 32B	CONSUMERS UNION UTILIZES A BROKER TO SELL PUBLIC SECURITIES OBTAINED THROUGH NON-CASH CONTRIBUTIONS CU ALSO USES REAL ESTATE AGENTS TO ASSIST IN THE SALE OF ANY REAL PROPERTY DONATED

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Consumers Union of US Inc

Employer identification number  
13-1776434

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	CONSUMER 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 5/31/10 INCLUDE CONSUMER REPORTS 3,873,401, CONSUMER REPORTS ON HEALTH 601,502, CR ONLINE 3,242,994, CONSUMER REPORTS MONEY ADVISER 208,200, AUTO PREMIUM 43,014, SHOP SMART 151,480 AND CONSUMER REPORTS MEDICAL GUIDE 122,534 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 5/31/10, CONSUMERS UNION OF US INC CONDUCTED TESTS ON MORE THAN 3,000 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 CONSUMERS UNION IS TRANSITIONING TOWARD A MORE FOCUSED EFFORT TO EDUCATE CONSUMERS IN THE CRITICAL AREAS OF HEALTH AND SAFETY NEW INITIATIVES INCLUDE PROGRAMS INTENDED TO PROVIDE BETTER COMPARATIVE HEALTH AND EVIDENCED BASED MEDICINE INFORMATION AS WELL AS PROGRAMS DESIGNED TO ALERT CONSUMERS TO THE RISKS ASSOCIATED WITH DANGEROUS PRODUCTS IN ADDITION, CONSUMERS UNION PROVIDES SUBSTANTIAL FREE CONSUMER EDUCATION INFORMATION AS A PUBLIC SERVICE THROUGH OUR EDUCATIONAL WEB SITES AND THROUGH AN EXPANDING USE OF SOCIAL NETWORKING SITES AND BLOGS CONSUMERS UNION EDUCATIONAL WEBSITES INCLUDE THE CONSUMERS UNION ADVOCACY WEB SITE (CONSUMERSUNION.ORG), CONSUMER REPORTS BEST BUY DRUGS (CRBESTBUYDRUGS.ORG), SPANISH LANGUAGE CONSUMER EDUCATIONAL MATERIALS, AT (CONSUMERSUNION.ORG/ESPANOL) (HTTP://ESPANOL.CONSUMERREPORTS.ORG/CUESPANOL), CONSUMER REPORTS GREENER CHOICES (GREENERCHOICES.ORG), AND ECO-LABELS, AN ONLINE GUIDE TO ENVIRONMENTAL LABELS (ECO-LABELS.ORG) SPECIFIC ACCOMPLISHMENT INCLUDE A) HEALTH INFORMATION - CONSUMERS UNION'S HEALTH RATING CENTER (HTTP://WWW.CONSUMERREPORTS.ORG/HEALTH/HOME.HTM) CONTINUES TO EXPAND ITS RATINGS OF HOSPITAL AND TREATMENTS TO PROVIDE THE BEST COMPARATIVE DATA ON HEALTHCARE THE CENTER PARTNERED WITH THE SOCIETY FOR THORACIC SURGEONS TO RELEASE CLINICAL QUALITY MEASURES AND IS EXPLORING FURTHER OPPORTUNITIES TO PARTNER WITH OUTSIDE ORGANIZATIONS TO DEVELOP AND DISSEMINATE DATA WITH THE INTENT OF PROVIDING CONSUMERS IMPORTANT INFORMATION AND USING THE MEASURES TO IMPROVE THE QUALITY OF CARE - BEST BUY DRUGS (BBD) CONSUMERS UNION PUBLISHED TWO NEW BEST BUY DRUGS REPORTS, ANTI-NAUSEA & MUSCLE RELAXANTS CU ALSO PUBLISHED AN UPDATE TO THE STATIN'S REPORT AND PUBLISHED ARTICLES ON DRUG SAFETY AND OFF-LABEL USE BBD IS DEVELOPING NEW PARTNERSHIPS IN AN EFFORT TO REACH A WIDER RANGE OF SPECIAL NEEDS AUDIENCES SUCH AS SENIOR AND SPANISH SPEAKING AUDIENCES B) SAFETY - THE SCHOOL SAFETY ALERT PROGRAM THE SCHOOL SAFETY ALERT PROGRAM ALERTS PARENTS, SCHOOL ADMINISTRATORS, AND EDUCATORS IMMEDIATELY TO IMMINENT DANGERS AND ALLOWS THEM TO REMOVE POTENTIALLY DANGEROUS, EVEN LETHAL PRODUCTS FROM THEIR HOMES AND SCHOOLS CONSUMERS UNION HOSTS A LANDING PAGE (HTTP://BLOGS.CONSUMERREPORT.ORG/SAFETYALERTS/ABOUT.HTML) WITH DAILY RECALL UPDATES THAT SCHOOLS, PARENTS, TEACHERS AND CAREGIVERS CAN ALSO RECEIVE THROUGH MOBILE AND WEB ALERTS TO FURTHER THE REACH OF THE SCHOOL SAFETY ALERT PROGRAM, CONSUMERS UNION, ALONG WITH THE NATIONAL PTA AND THE NATIONAL SCHOOL BOARDS ASSOCIATION, CONVENED A NUMBER OF ORGANIZATIONS REPRESENTING SCHOOL ADMINISTRATORS, EDUCATORS, HEALTH OFFICIALS AND SCHOOL-BASED VOLUNTEER ORGANIZATIONS TO FORM A NATIONAL SCHOOL SAFETY COALITION - SAFE MARKETPLACE PROGRAM DISSEMINATES IMPORTANT SAFETY INFORMATION VIA HIGH-TECH VIDEO AT POINT-OF-SALE IN-STORE VIDEOS, KIOSKS, AND WEBSITES RETAILER LOCATIONS CURRENTLY INCLUDE WAL-MART, COSTCO, SAM'S CLUB, BJ'S, MEIJER, FRED MEYERS, FRY'S, ALBERTSON'S, SHAW'S, SHOPRITE ACME, PATHMARK, JEWEL-OSCO (AND WE ARE WORKING TO INCLUDE ADDITIONAL RETAILER LOCATIONS) WEBSITE ONLY TOYS "R" US C) PROJECTS EITHER DISCONTINUED OR BEING PHASED OUT - THE CONSUMER REPORTS CLASSROOM PROGRAM OFFERS DISCOUNTED SUBSCRIPTIONS FOR STUDENTS IN CLASS SETS OF 20 OR MORE, ACCOMPANIED BY A FREE SUBSCRIPTION FOR TEACHERS, A FREE TEACHING GUIDE AND ANNUAL BUYING GUIDE, AVAILABLE THROUGH WWW.CONSUMERREPORTS.ORG/CLASSROOM (PROJECT ENDED, HOWEVER, THE TEACHER'S GUIDE IS STILL AVAILABLE) - CONSUMER REPORTS WEB WATCH (CONSUMERWEBWATCH.ORG), (DISCONTINUED, SITE STILL AVAILABLE TO PUBLIC) - EDUCATION OUTREACH PARTNERSHIPS 1) DIGITAL TELEVISION CONVERSION (PROJECT ENDED WITH COMPLETION OF DIGITAL) 2) LITERACY VOLUNTEERS OF AMERICA (PROJECT ENDED) 3) NEW READER PRESS SYNDICATED SELECT CONSUMER REPORTS CONTENT FOR "NEWS FOR YOU" (PROJECT ENDED IN SPRING 2009) 4) AD COUNCIL (PROJECT ENDED) GRANTS CONSUMERS UNION OF US INC MAKES GRANTS TO OTHER NONPROFIT ORGANIZATIONS THAT CONDUCT ACTIVITIES THAT ARE SIMILAR AND RELATED TO CONSUMERS UNION OF US INC EXEMPT PURPOSES DURING THE FISCAL YEAR END 5/31/10, CONSUMERS UNION OF US INC MADE 20 SUCH GRANTS

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 FISCAL YEAR ENDED MAY 31, 2010, 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 IN COORDINATION WITH CU FINANCE MANAGEMENT, IT IS REVIEWED BY THE CONTROLLER AND CFO BEFORE IT IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE A COMPLETE COPY OF THE FORM 990, AS IT WILL BE FILED WITH THE IRS, IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING CONFLICT OF INTEREST COMPLIANCE PROCESS FORM 990, PART VI, LINE 12C CONSUMERS UNION'S 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 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 REASONABLENESS 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 REASONABLENESS 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 THE BASIS FOR THE DECISIONS MADE BY THE COMMITTEE ARE DOCUMENTED IN THE MINUTES OF EACH COMMITTEE MEETING 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



Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

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

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

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)

1a

No

1b

No

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

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	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 13-1776434

Name: Consumers Union of US Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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						0	0	0
BARBARA FRIEDMAN TREASURER	1 0	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
ED MIERZWINSK DIRECTOR	1 0	X						0	0	0
TERESA MORAN SCHWARTZ Chair	1 0	X						0	0	0
NORMAN I SILBER Secretary	1 0	X						0	0	0
THOMAS C VOICE DIRECTOR	1 0	X						0	0	0
THOMAS WATHEN DIRECTOR	1 0	X						0	0	0
MARCIA ARONOFF DIRECTOR	1 0	X						0	0	0
JAMES A GUEST PRESIDENT AND CEO	35 0			X				577,348	0	61,942
JOHN SATEJA EXECUTIVE VP	35 0			X				428,793	0	62,934
RICHARD GANNON VP AND CFO	35 0			X				368,754	0	58,338
JEROLD STEINBRINK VP PUBLISHING	35 0				X			314,874	0	49,747
LIAM MCCORMACK VP TECHNICAL DIRECTOR	35 0				X			258,498	0	34,156
MICHAEL D'ALESSANDRO VP AND CHIEF OF STAFF	35 0				X			258,400	0	47,991
CHRISTOPHER MEYER VP EXTERNAL AFFAIRS	35 0				X			246,478	0	47,389
RAHUL BELANI VP AND CTO	35 0					X		339,056	0	50,862

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMIE DARNOW SR DIR & CHIEF MKT OFFICER	35 0					X		279,499	0	42,907
EILEEN HERSHENOV VP GENERAL COUNSEL	35 0					X		303,209	0	52,744
KEVIN MCKEAN VP EDITORIAL DIR	35 0					X		309,576	0	53,533
PAIGE AMIDON VP HEALTH PROGRAMS	35 0					X		254,245	0	91,573
EUGENE KIMMELMAN FORMER VP	35 0						X	267,496	0	29,886

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
POSTAGE & SHIPPING	37,397,764	34,466,594	118,384	2,812,786
PRINTING & PUBLICATION	29,859,784	27,386,239	73,301	2,400,244
OTHER COST OF SALES	2,205,106	2,205,106		
ORDER PROCESSING	15,976,919	13,551,136	1,109,269	1,316,514
PRODUCT TESTING	3,676,367	3,676,367		