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Form 990

Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
Consumers Union of United States Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
101 TRUMAN AVENUECity or town, state or country, and ZIP + 4
YONKERS, NY 107031057F Name and address of principal officer
JAMES A GUEST
101 TRUMAN AVENUE
YONKERS, NY 107031057D Employer identification number
13-1776434E Telephone number
(914) 378-2000

G Gross receipts \$ 818,962,137

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► WWW CONSUMERREPORTS.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1936

M State of legal domicile NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO WORK FOR A FAIR, JUST AND SAFE MARKETPLACE FOR ALL CONSUMERS AND TO EMPOWER CONSUMERS TO PROTECT THEMSELVES
2	Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets
3	Number of voting members of the governing body (Part VI, line 1a)
4	Number of independent voting members of the governing body (Part VI, line 1b)
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)
6	Total number of volunteers (estimate if necessary)
7a	Total unrelated business revenue from Part VIII, column (C), line 12
b	Net unrelated business taxable income from Form 990-T, line 34

3	17
4	17
5	751
6	17
7a	1,475,040
7b	403,739

8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	20,068,201	22,294,281
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229,420,821	230,362,907
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,227,102	8,476,056
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,440,166	2,135,106
		254,156,290	263,268,350

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14	Benefits paid to or for members (Part IX, column (A), line 4)	465,865	799,459
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	90,384,979	96,900,339
b	Total fundraising expenses (Part IX, column (D), line 25) ► 9,365,588	156,415	234,439
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	166,651,788	167,338,317
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	257,659,047	265,272,554
19	Revenue less expenses Subtract line 18 from line 12	-3,502,757	-2,004,204

20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	361,611,492	335,920,076
22	Net assets or fund balances Subtract line 21 from line 20	261,525,082	274,698,247
		100,086,410	61,221,829

Part II Signature Block

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

Sign Here	***** Signature of officer JAMES A GUEST PRESIDENT & CEO Type or print name and title	2013-01-08 Date
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Paid Preparer's Use Only	Preparer's signature ► KPMG LLP Firm's name (or yours if self-employed), address, and ZIP + 4 345 Park Avenue New York, NY 101540102	Date	Check if self-employed ►	Preparer's taxpayer identification number (see instructions)
				EIN ► Phone no ► (212) 758-9700

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

To work for a fair, just and safe marketplace for all consumers and TO EMPOWER CONSUMERS TO PROTECT THEMSELVES SEE SCHEDULE O FOR ADDITIONAL INFORMATION

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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

4a (Code) (Expenses \$ 225,538,970 including grants of \$ 799,459) (Revenue \$ 230,362,907)
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 \$)

4e Total program service expenses \$ 225,538,970

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 1 Yes No

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)? 2 Yes 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 Yes No

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 Yes No

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5 Yes No

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 6 Yes 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 Yes 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 Yes 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 Yes No

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Yes No

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11a Yes No

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11b Yes No

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c Yes No

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 11d Yes No

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e Yes No

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI. 11f Yes No

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12a Yes No

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b Yes No

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Yes No

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Yes No

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I. 14b Yes No

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 and IV. 15 Yes No

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 and IV. 16 Yes 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 No

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 Yes 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 Yes No

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H. 20a Yes No

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements. 20b Yes 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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	385
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	751
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 or securities account)?	4a	Yes
b	If "Yes," enter the name of the foreign country CA See instructions for 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?		
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?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the aggregate amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	17
b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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 Did the organization have local chapters, branches, or affiliates?	10a	Yes
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

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, 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 made these available. Check all that apply
 Own website Another's website Upon request

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

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►304

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

Section B. Independent Contractors

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

(A)	Name and business address	(B)	Description of services	(C)	Compensation
GOOGLE INC	1600 AMPHITHEATRE PARKWAY				8,625,135
MOUNTAIN VIEW, CA 94043					
COMMUNICATION DATA SERVICES	1901 BELL AVENUE				7,630,606
DES MOINES, IA 50315					
BROWN PRINTING	2300 BROWN AVENUE				4,405,110
WASECA, MN 56093					
INVITE MEDIA INC	1600 AMPHITHEATRE MOUNTAIN VIEW				2,952,206
CONWAY, CA 94043					
INNER WORKINGS INC	600 W CHICAGO AVENUE CHICAGO				2,843,538
BONITA SPRINGS, FL 34134					
2. Total number of independent contractors (including but not limited to those listed above) who received more than					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►161

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	22,294,281			
	g Noncash contributions included in lines 1a-1f \$ 76,400					
	h Total. Add lines 1a-1f		22,294,281			
Program Service Revenue	2a SUBSCRIPTIONS, NEWSSTAND & OTHER SALES	Business Code				
		511120	140,159,360	140,159,360		
	b ONLINE SUBSCRIPTION SALES	519100	89,650,463	88,175,423	1,475,040	
	c TESTING REVENUE	541380	553,084	553,084		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		230,362,907			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
			3,389,184		3,389,184	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		1,580,107		1,580,107	
	6a Gross rents	(I) Real	(II) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	560,780,659					
	b Less cost or other basis and sales expenses	555,693,787				
	c Gain or (loss)	5,086,872				
	d Net gain or (loss)		5,086,872		5,086,872	
	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 CY PRES AWARD	900099	554,999			554,999	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		554,999				
12 Total revenue. See Instructions		263,268,350	228,887,867	1,475,040	10,611,162	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	778,159	778,159		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	21,300	21,300		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,729,323	1,024,225	3,623,922	81,176
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	64,332,418	53,429,626	9,440,824	1,461,968
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,023,004	8,324,347	1,470,882	227,775
9 Other employee benefits	12,583,434	10,450,846	1,846,627	285,961
10 Payroll taxes	5,232,160	4,179,706	935,053	117,401
11 Fees for services (non-employees)				
a Management	0			
b Legal	844,705	730,497	96,875	17,333
c Accounting	549,054	31,626	517,428	
d Lobbying	311,818	311,818		
e Professional fundraising See Part IV, line 17	234,439			234,439
f Investment management fees	423,652		423,652	
g Other	9,135,819	7,952,748	1,044,605	138,466
12 Advertising and promotion	37,510,419	37,160,361	21,507	328,551
13 Office expenses	1,457,975	1,164,703	260,555	32,717
14 Information technology	1,358,960	87,124	1,271,836	
15 Royalties	816,769	816,769		
16 Occupancy	2,909,363	2,324,145	519,932	65,286
17 Travel	1,270,778	1,023,276	217,122	30,380
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	340,673	240,868	97,365	2,440
20 Interest	1,181,934		1,181,934	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,941,354	7,278,974	3,658,379	4,001
23 Insurance	1,057,031		1,057,031	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a POSTAGE & SHIPPING	37,415,633	34,328,057	108,743	2,978,833
b PRINTING & PUBLICATION	30,642,169	28,537,337	78,766	2,026,066
c OTHER COST OF SALES	2,226,598	2,226,598		
d ORDER PROCESSING	16,802,899	14,135,368	1,412,099	1,255,432
e				
f All other expenses	10,140,714	8,980,492	1,082,859	77,363
25 Total functional expenses. Add lines 1 through 24f	265,272,554	225,538,970	30,367,996	9,365,588
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	630,999	1 646,881
	2 Savings and temporary cash investments	17,896,917	2 7,338,698
	3 Pledges and grants receivable, net	2,715,280	3 4,777,330
	4 Accounts receivable, net	7,758,095	4 7,030,749
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5 0
	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	0	6 0
	7 Notes and loans receivable, net	0	7 0
	8 Inventories for sale or use	4,073,664	8 4,545,978
	9 Prepaid expenses and deferred charges	36,639,133	9 34,933,298
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	133,608,307	
	b Less accumulated depreciation	10a 71,731,076	10c 63,716,597
	11 Investments—publicly traded securities	224,766,097	11 211,504,883
	12 Investments—other securities See Part IV, line 11	0	12 0
	13 Investments—program-related See Part IV, line 11	0	13 0
	14 Intangible assets	0	14 0
	15 Other assets See Part IV, line 11	3,414,710	15 3,265,028
	16 Total assets. Add lines 1 through 15 (must equal line 34)	361,611,492	16 335,920,076
Liabilities	17 Accounts payable and accrued expenses	22,900,904	17 17,757,687
	18 Grants payable	0	18 0
	19 Deferred revenue	151,120,934	19 147,565,415
	20 Tax-exempt bond liabilities	47,300,000	20 46,175,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21 0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22 0
	23 Secured mortgages and notes payable to unrelated third parties	0	23 0
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	40,203,244	25 63,200,145
	26 Total liabilities. Add lines 17 through 25	261,525,082	26 274,698,247
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	95,680,605	27 55,125,154
	28 Temporarily restricted net assets	4,405,805	28 6,096,675
	29 Permanently restricted net assets	0	29 0
	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	100,086,410	33 61,221,829
	34 Total liabilities and net assets/fund balances	361,611,492	34 335,920,076

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	263,268,350
2	Total expenses (must equal Part IX, column (A), line 25)	2	265,272,554
3	Revenue less expenses Subtract line 2 from line 1	3	-2,004,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,086,410
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-36,860,377
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	61,221,829

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 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	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a
2b Were the organization's financial statements audited by an independent accountant?	2b Yes	No
2c 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		2c Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b No

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue ServiceName of the organization
Consumers Union of United States 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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	27,060,621	18,756,084	17,433,629	20,068,201	22,294,281	105,612,816
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	229,309,060	225,742,828	220,602,270	228,010,433	230,362,907	1,134,027,498
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	256,369,681	244,498,912	238,035,899	248,078,634	252,657,188	1,239,640,314
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	17,950	25,500	39,737	29,945	55,411	168,543
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	17,950	25,500	39,737	29,945	55,411	168,543
8 Public Support (Subtract line 7c from line 6)						1,239,471,771

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	256,369,681	244,498,912	238,035,899	248,078,634	252,657,188	1,239,640,314
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,537,305	6,574,790	4,602,500	4,280,928	3,389,184	26,384,707
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			125,396			125,396
c Add lines 10a and 10b	7,537,305	6,574,790	4,727,896	4,280,928	3,389,184	26,510,103
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	507,806	670,126	-1,187,597	1,000,000	554,999	1,545,334
13 Total support (Add lines 9, 10c, 11 and 12)	264,414,792	251,743,828	241,576,198	253,359,562	256,601,371	1,267,695,751

14 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**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	97 774 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97 484 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	2 091 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2 275 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1776434
Name: Consumers Union of United States Inc

Form 990, Special Condition Description:**Special Condition Description****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			
DIANE ARCHER SECRETARY	2 0	X					0	0	0
MARCIA ARONOFF DIRECTOR	2 0	X					0	0	0
ROBERT E BAENSCH DIRECTOR	1 0	X					0	0	0
WALTER BRISTOL CHAIR	2 0	X					0	0	0
BARBARA FRIEDMAN DIRECTOR	2 0	X					0		0
STEVEN R HILL TREASURER	2 0	X					0	0	0
ANTHONY BITON DIRECTOR FROM OCTOBER 2011	1 0	X					0	0	0
CAROL IZUMI DIRECTOR	2 0	X					0	0	0
ANNETTE LOVOI DIRECTOR	1 0	X					0	0	0
CRAIG NEWMARK DIRECTOR	1 0	X					0	0	0
HEATHER C MCGHEE DIRECTOR FROM OCTOBER 2011	1 0	X					0	0	0
ED MIERZWINSK DIRECTOR	1 0	X					0	0	0
WILLARD P OGBURN DIRECTOR	1 0	X					0	0	0
MARTIN SCHNEIDER DIRECTOR FROM OCTOBER 2011	1 0	X					0	0	0
MICAH SIFRY DIRECTOR	1 0	X					0	0	0
THOMAS C VOICE DIRECTOR	2 0	X					0	0	0
THOMAS WATHEN VICE CHAIR	2 0	X					0	0	0
CLARENCE M DITLOW DIRECTOR UNTIL OCTOBER 2011	1 0	X					0	0	0
TERESA MORAN SCHWARTZ DIRECTOR UNTIL OCTOBER 2011	1 0	X					0	0	0
NORMAN SILBER DIRECTOR UNTIL OCTOBER 2011	1 0	X					0	0	0
JAMES A GUEST PRESIDENT AND CEO	40 0		X				670,293	0	114,723
LAURENCE BUNIN CHIEF OPERATING OFFICER	40 0		X				190,613	0	2,562
RICHARD GANNON VP AND CFO	40 0		X				386,070	0	68,809
JOHN SATEJA EXECUTIVE VP	40 0		X				720,478	0	51,677
LINDA TEPEDINO VP HUMAN RESOURCES	40 0			X			274,332	0	55,631

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
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
MICHAEL D'ALESSANDRO VP AND CHIEF OF STAFF	40 0				X			275,202	0 59,428
LIAM MCCORMACK VP TECHNICAL OFFICER	40 0				X			288,407	0 56,276
CHRISTOPHER MEYER VP EXTERNAL AFFAIRS	40 0				X			263,895	0 56,812
JEROLD STEINBRINK VP PUBLISHING	40 0				X			296,689	0 51,478
RAHUL BELANI VP AND CIO	40 0					X		348,868	0 63,090
KEVIN MCKEAN VP EDITORIAL DIR	40 0					X		323,251	0 66,687
EILEEN HERSHENOV VP GENERAL COUNSEL	40 0					X		311,726	0 71,091
JAMIE DARNOW SR DIR & CHIEF MKT OFFICER	40 0					X		286,663	0 58,188
DON MAYS DIRECTOR, PROD SAFETY	40 0					X		331,477	0 83,474

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2011****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.

**Open to Public
Inspection**

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

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

If the organization answered "Yes," 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 35c (Proxy Tax), then

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

Name of the organization Consumers Union of United States Inc	Employer identification number 13-1776434
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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 on behalf of or in opposition to candidates for public office 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 function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (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			
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
			Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?	Yes		18,000
d Mailings to members, legislators, or the public?	Yes		59,477
e Publications, or published or broadcast statements?	Yes		368,765
f Grants to other organizations for lobbying purposes?	No		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		500,979
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		108,649
i Other activities? If "Yes," describe in Part IV	No		
j Total lines 1c through 1i			1,055,870
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	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

2011

Open to Public
Inspection**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

Consumers Union of United States Inc

Employer identification number

13-1776434

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 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? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 ► \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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	

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

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		

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

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

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

	(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	64,583,838	29,931,055		34,652,783
c Leasehold improvements	231,590	98,472		133,118
d Equipment	15,251,516	12,093,533		3,157,983
e Other	41,606,108	29,608,016		11,998,092
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				61,877,231

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	263,268,350
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	265,272,554
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,004,204
4	Net unrealized gains (losses) on investments	4	-19,149,356
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-17,711,766
9	Total adjustments (net) Add lines 4 - 8	9	-36,861,122
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-38,865,326

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

1	Total revenue, gains, and other support per audited financial statements	1	226,036,304
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-19,149,356
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	52,341
e	Add lines 2a through 2d	2e	-19,097,015
3	Subtract line 2e from line 1	3	245,133,319
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	423,652
b	Other (Describe in Part XIV)	4b	17,711,379
c	Add lines 4a and 4b	4c	18,135,031
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	263,268,350

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

1	Total expenses and losses per audited financial statements	1	264,865,283
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)	2d	16,381
e	Add lines 2a through 2d	2e	16,381
3	Subtract line 2e from line 1	3	264,848,902
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	423,652
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	423,652
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	265,272,554

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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
RECONCILIATION OF CHANGE IN NET ASSETS	PART XI, LINE 8	UNREALIZED LOSS INTEREST RATE SWAP (4,248,257) PENSION RELATED CHANGES (13,503,970) CHANGE IN VALUE SPLIT INTEREST AGREEMENT 40,220 ROUNDING 241 ----- TOTAL \$ (17,711,766) =====
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII	PART XII, LINE 2D REVENUE OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC \$ 52,341 ----- TOTAL \$ 52,341 PART XII, LINE 4B - OTHER UNREALIZED LOSS ON INTEREST RATE SWAP \$ 4,248,257 PENSION RELATED CHANGES \$ 13,503,970 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ (40,220) ROUNDING \$ (628) ----- TOTAL \$ 17,711,379
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2B	EXPENSES OF RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC \$ 15,970 EXPENSES OF RELATED ENTITY - TRUMAN AVENUE FOUNDATION, INC \$ 25 ROUNDING \$ 386 ----- TOTAL \$ 16,381 =====

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.

Employer identification number

13-1776434

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

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

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

3 Activities per Region (Use Part V if additional space is needed)

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____ 1

3 Enter total number of other organizations or entities ► _____

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 Part V if additional space is needed.

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No

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

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

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

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Part V Supplemental Information

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

2011

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)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.

Department of the Treasury
Internal Revenue ServiceName of the organization
Consumers Union of United States Inc

Employer identification number

13-1776434

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

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

a <input checked="" type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes No

b If "Yes," list the 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Donor Services Group	TELE MARKETING		No	233,302	108,240	125,062
Total				233,302	108,240	125,062

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, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .				
	2 Less Charitable contributions . . .				
	3 Gross 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 and 10 in column (d) ►				

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a

13b

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

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)****2011****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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
Consumers Union of United States IncEmployer 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
(1) California Pan-Ethnic Health Network 1221 Preservation Park Way Oakland, CA 94612	52-0880625	501(C)(3)	332,529				Support work on health system reform in California CONSUMER ORGANIZATION DEVELOPMENT PROGRAM
(2) Consumer Federation of America 1424 16th Street NW Suite 604 Washington, DC 20036	16-1774332	501(C)(3)	60,000				State and local grants program for US consumer org AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE
(3) Consumer Federation of America 1424 16th Street NW Suite 604 Washington, DC 20036	16-1774332	501(C)(3)	25,000				Support State and Local Roundtable meeting BACK-UP CENTER
(4) USPIRG Education Fund 218 D Street SE 2ne Floor SUITE 650 Washington, DC 20003	87-0684606	501(C)(3)	25,000				General support for National Consumer back-up Cent REGARDING IDENTITY THEFT AND FINANCIAL PRIVACY ISSUES
(5) Connecticut Center for Patient Safety 26 W Woodland Drive Suite 45 Redding, CT 06896	20-1517678	501(C)(3)	7,500				Public education on patient safety STATIONS AND CONDUCT MEDIA AND POLICYMAKER OUTREACH
(6) HEALTH ACCESS FOUNDATION 1127 11th Street Suite 234 Sacramento, CA 95814	13-1945149	501(C)(3)	295,630				Support work on health system reform in California PATIENT SAFETY AND HEALTH ACQUIRED INFECTIONS
(7) Health Action New Mexico PO Box 460 336 N Camino del Pue Bernalillo, NM 87004	85-0481860	501(C)(3)	20,000				Support for project to educate seniors on Medicare AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE
(8) Florida Chain 16887 96th TerrN Jupiter, FL 33478	11-3799890	501(C)(3)	12,500				Support for project to encourage increased transpa SECURITY FREEZE AND IDENTITY THEFT PREVENTION ISSUES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 8

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

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.

Identifier	Return Reference	Explanation
CRITERIA FOR SELECTING PROJECTS FOR FUNDING	SCHEDULE I, PART I, LINE 1	The criteria for selecting projects for funding through the Colston E. Warne small grants program including the followings - The projects should be consistent with CU's mission to provide information and advice to consumers on goods, services, health and personal finance, and to initiate and cooperate with individual and group efforts to maintain and enhance the quality of life for consumers - The projects should be high impact projects that provide a significant return for the amount of money invested. They should be result-oriented, and have tangible goals and objectives - The organization sponsoring the project should have a clear plan for developing alternate sources of funding, so that the project can become self-supporting and continue when the grant period ends - If possible, the projects should be replicable, and provide a model for organizing and advocacy on other consumer and public interest issues, or in other locations - We are especially interested in projects that provide direct benefits to low-income and minority consumers - Where possible, projects should obtain matching funds and/or leverage in-kind resources from other sources - The projects should make sense in the context of the needs and opportunities of the overall consumer movement. They should contribute to capacity-building of organizations, and help sustain the consumer movement - CU's purposes must be measured in terms of the benefits indirectly realized by thousands of consumers who are better informed or better served as a consequence of the work which the money supports " (Consumer Reports, March, 1958, P. 163)" - Because our funds are limited, our operating strategy is to identify prospective grantees and invite them to apply. Almost all grants are awarded to pre-selected organizations
MONITORING GRANT FUNDS	SCHEDULE I, PART II	Grantees are required to submit program and financial reports at the conclusion of the project, including a list of grant-related expenditures, and a summary of deliverables and project results. The timing of the reports is determined according to a schedule contained in an executed sub-grant agreement between CU and the grantee

Software ID:
Software Version:
EIN: 13-1776434
Name: Consumers Union of United States Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Pan-Ethnic Health Network 1221 Preservation Park Way Oakland, CA 94612	52-0880625	501(C)(3)	332,529				Support work on health system reform in California CONSUMER ORGANIZATION DEVELOPMENT PROGRAM
Consumer Federation of America 1424 16th Street NW Suite 604 Washington, DC 20036	16-1774332	501(C)(3)	60,000				State and local grants program for US consumer org AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Consumer Federation of America 1424 16th Street NW Suite 604 Washington, DC 20036	16-1774332	501(C)(3)	25,000				Support State and Local Roundtable meeting BACK-UP CENTER
USPIRG Education Fund 218 D Street SE 2ne Floor SUITE 650 Washington, DC 20003	87-0684606	501(C)(3)	25,000				General support for National Consumer back-up Cent REGARDING IDENTITY THEFT AND FINANCIAL PRIVACY ISSUES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Center for Patient Safety 26 W Woodland Drive Suite 45 Redding, CT 06896	20-1517678	501(C)(3)	7,500				Public education on patient safety STATIONS AND CONDUCT MEDIA AND POLICYMAKER OUTREACH
HEALTH ACCESS FOUNDATION 1127 11th Street Suite 234 Sacramento, CA 95814	13-1945149	501(C)(3)	295,630				Support work on health system reform in California PATIENT SAFETY AND HEALTH ACQUIRED INFECTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Action New Mexico PO Box 460 336 N Camino del Pue Bernalillo, NM 87004	85-0481860	501(C)(3)	20,000				Support for project to educate seniors on Medicare AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE
Florida Chain 16887 96th TerrN Jupiter, FL 33478	11-3799890	501(C)(3)	12,500				Support for project to encourage increased transpa SECURITY FREEZE AND IDENTITY THEFT PREVENTION ISSUES

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011Department of the Treasury
Internal Revenue Service

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.

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

Consumers Union of United States 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

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

b If 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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

1b**2****4a** Yes**4b** Yes**4c** No**5a**

No

5b

No

6a

No

6b

No

7 Yes**8** No**9****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?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

(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				
(1) JAMES A GUEST	(i) 539,027 (ii) 0	(i) 104,750 (ii) 0	(i) 26,516 (ii) 0	(i) 80,208 (ii) 0	(i) 34,515 (ii) 0	(i) 785,016 (ii) 0	(i) 0 (ii) 0
(2) LAURENCE BUNIN	(i) 122,880 (ii) 0	(i) 67,500 (ii) 0	(i) 233 (ii) 0	(i) 0 (ii) 0	(i) 2,562 (ii) 0	(i) 193,175 (ii) 0	(i) 0 (ii) 0
(3) RICHARD GANNON	(i) 371,095 (ii) 0	(i) 5,500 (ii) 0	(i) 9,475 (ii) 0	(i) 36,837 (ii) 0	(i) 31,972 (ii) 0	(i) 454,879 (ii) 0	(i) 0 (ii) 0
(4) RAHUL BELANI	(i) 331,586 (ii) 0	(i) 4,500 (ii) 0	(i) 12,782 (ii) 0	(i) 32,671 (ii) 0	(i) 30,419 (ii) 0	(i) 411,958 (ii) 0	(i) 0 (ii) 0
(5) KEVIN MCKEAN	(i) 310,723 (ii) 0	(i) 1,500 (ii) 0	(i) 11,028 (ii) 0	(i) 31,284 (ii) 0	(i) 35,403 (ii) 0	(i) 389,938 (ii) 0	(i) 0 (ii) 0
(6) EILEEN HERSHENOV	(i) 301,053 (ii) 0	(i) 3,000 (ii) 0	(i) 7,673 (ii) 0	(i) 30,701 (ii) 0	(i) 40,390 (ii) 0	(i) 382,817 (ii) 0	(i) 0 (ii) 0
(7) JAMIE DARNOW	(i) 276,231 (ii) 0	(i) 2,000 (ii) 0	(i) 8,432 (ii) 0	(i) 24,500 (ii) 0	(i) 33,688 (ii) 0	(i) 344,851 (ii) 0	(i) 0 (ii) 0
(8) LINDA TEPEDINO	(i) 258,945 (ii) 0	(i) 13,000 (ii) 0	(i) 2,387 (ii) 0	(i) 25,381 (ii) 0	(i) 30,250 (ii) 0	(i) 329,963 (ii) 0	(i) 0 (ii) 0
(9) MICHAEL D'ALESSANDRO	(i) 264,019 (ii) 0	(i) 3,500 (ii) 0	(i) 7,683 (ii) 0	(i) 27,006 (ii) 0	(i) 32,422 (ii) 0	(i) 334,630 (ii) 0	(i) 0 (ii) 0
(10) LIAM MCCORMACK	(i) 283,773 (ii) 0	(i) 3,500 (ii) 0	(i) 1,134 (ii) 0	(i) 26,011 (ii) 0	(i) 30,265 (ii) 0	(i) 344,683 (ii) 0	(i) 0 (ii) 0
(11) CHRISTOPHER MEYER	(i) 255,452 (ii) 0	(i) 3,500 (ii) 0	(i) 4,943 (ii) 0	(i) 25,008 (ii) 0	(i) 31,804 (ii) 0	(i) 320,707 (ii) 0	(i) 0 (ii) 0
(12) JOHN SATEJA	(i) 424,544 (ii) 0	(i) 3,000 (ii) 0	(i) 292,934 (ii) 0	(i) 41,000 (ii) 0	(i) 10,677 (ii) 0	(i) 772,155 (ii) 0	(i) 0 (ii) 0
(13) JEROLD STEINBRINK	(i) 258,313 (ii) 0	(i) 2,000 (ii) 0	(i) 36,376 (ii) 0	(i) 26,206 (ii) 0	(i) 25,272 (ii) 0	(i) 348,167 (ii) 0	(i) 0 (ii) 0
(14) DON MAYS	(i) 168,392 (ii) 0	(i) 0 (ii) 0	(i) 163,085 (ii) 0	(i) 49,089 (ii) 0	(i) 34,385 (ii) 0	(i) 414,951 (ii) 0	(i) 0 (ii) 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

Identifier	Return Reference	Explanation
SEVERANCE PAYMENTS AND UNQUALIFIED PLAN BENEFITS		SEVERANCE PAYMENTS - JOHN SATEJA - \$289,322 DON MAYS - \$155,500 PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - DEFERRED COMPENSATION JAMES GUEST - \$21,932 JOHN SATEJA - \$16,500 RICHARD GANNON - \$12,338 RAHUL BELANI - \$8,170 EILEEN HERSHENOV - \$6,201 KEVIN MCKEAN - \$6,784 JEROLD STEINBRINK - \$6,418 MICHAEL D'ALESSANDRO - \$2,506 CHRISTOPHER MEYER - \$509 LINDA TEPEDINO - \$881 LIAM MCCORMACK - \$1,511
PART I, LINE 7		Sched J Column B (ii) Bonus & Incentive Compensation Contractual Discretionary Bonus (Merit) Guest, James \$104,750 \$104,750 \$0 President & CEO Sateja, John \$3,000 \$3,000 Executive VP Gannon, Richard \$5,500 \$5,500 VP, CFO Bunin Laurence \$67,500 \$67,500 \$0 COO Steinbrink, Jerold \$2,000 \$2,000 VP, Publishing McCormack, Liam \$3,500 \$3,500 VP, Technical Officer D'Alessandro, Michael \$3,500 \$3,500 VP, Executive Operation & Chief of Staff Tepedino, Linda \$13,000 \$10,000 \$3,000 VP, Human Resources Meyer, Christopher \$3,500 \$3,500 VP, External Affairs Belani, Rahul \$4,500 \$4,500 VP, Chief Information Officer McKean, Kevin \$1,500 \$1,500 VP, Editorial Director Hershenov, Eileen \$3,000 \$3,000 VP, General Counsel Darnow, Jamie \$2,000 \$2,000 Sr Director & Chief Marketing Officer

**Schedule K
(Form 990)****2011****Open to Public
Inspection****Supplemental Information on Tax Exempt Bonds**

► 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.

Department of the Treasury
Internal Revenue ServiceName of the organization
Consumers Union of United States Inc

Employer identification number

13-1776434

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF YONKERS INDUSTRIAL DEVELOPMENT AGENCY	13-1776434	986083BN2	12-22-2005	473,000,000	MULTI-MODAL CIVIC FACILITY REV		X		X		X

Part II Proceeds

1	Amount of bonds retired	A		B		C		D	
		0		0		0		0	
2	Amount of bonds defeased		0						
3	Total proceeds of issue		47,449,398						
4	Gross proceeds in reserve funds		0						
5	Capitalized interest from proceeds		0						
6	Proceeds in refunding escrow		0						
7	Issuance costs from proceeds		2,254,188						
8	Credit enhancement from proceeds		0						
9	Working capital expenditures from proceeds		0						
10	Capital expenditures from proceeds		10,000,000						
11	Other spent proceeds		0						
12	Other unspent proceeds		0						
13	Year of substantial completion	2006							

14	Were the bonds issued as part of a current refunding issue?	Yes		No		Yes		No		Yes		No	
		X			X		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?				X								
16	Has the final allocation of proceeds been made?		X										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X										

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►			0 %					
6 Total of lines 4 and 5			0 %					
7 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	
	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 entered into a hedge with respect to the bond issue?	X							
b Name of provider	MORGAN STANLEY							
c Term of hedge	30 5							
d Was the hedge superintegrated?		X						
e Was a hedge terminated?		X						
4a Were gross proceeds invested in a GIC?		X						
b Name of provider	0							
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						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►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 United States Inc

Employer identification number

13-1776434

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	76,400	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		0

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

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**

Name of the organization

Consumers Union of United States Inc

Employer identification number

13-1776434

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	<p>Consumers Information Consumers Union of US Inc publishes and disseminates information and advice to consumers regarding topics such as consumer goods, services, health and personal finance. The number of paid subscribers for each as of 5/31/12 include Consumer Reports 3,970,115, Consumer Reports on Health 826,840, CR Online 3,293,417, Consumer Reports Money Adviser 181,101, Auto Premium 113,096, Shop Smart 282,632 and Consumer Reports Mobile 2 1,840. 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 5/31/12, Consumers Union of US Inc conducted tests on more than 3800 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.</p> <p>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 websites 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 education materials, at (consumersunion.org/espanol) (http://espanol.consumerreports.org/cuespanol) Consumers Reports Greener Choices (greenerchoices.org), and Eco-Labels, an online guide to environmental labels (ecolabels.org). Specific accomplishments include Health Information on Consumers Union's Health Ratings Center (http://www.consumerreports.org/health/home.htm) continues to expand its ratings of hospitals, doctors, health insurance, drugs and treatments to provide the best comparative data on health care. The Center partnered with the Society for Thoracic Surgeons to release clinical quality measures and is exploring further opportunities to partner with regional health improvement collaborative to develop and disseminate data with the intent of providing consumers important information and using the measures to improve the quality of care. The Ratings Center has recently partnered with the ABIM Foundation in a campaign called Choosing Wisely to educate physicians and consumers about tests and treatments that are commonly overused.</p> <p>o Best Buy Drugs (BBD) Consumer Reports recently published several updated Best Buy Drugs reports, including one on drugs to treat Diabetes, another on Antiplatelets to help avoid heart attack, and strokes, and one on using anticonvulsant medication to treat fibromyalgia, in addition to articles on drug safety and "off-label" use. BBD is developing new partnerships in an effort to reach a wider range of consumer audiences - for example, via partnerships with community pharmacists, and another with large-scale retail stores. Many reports are translated into Spanish.</p> <p>o Consumers Union Affordable Health Care Act Guide Consumers Union's health reform team has played a unique role in educating consumers regarding what they need to know about the new health law, the Affordable Care Act. Since the law's passage we have produced four separate guides to the changes made by the law, explaining them in a consumer-friendly, easy-to-understand manner. To date we've distributed over 1.25 million hard copies of the various publications and shared the information online.</p> <p>http://yourhealthsecurity.org/the_new_law The guides are also available in Spanish.</p> <p>Safety The National School Safety Coalition The Consumer Reports National School Safety Coalition is a partnership among educators, nonprofits, government agencies, and caregivers who have come together to share information and foster collaboration to improve children's health and safety. The National School Safety Coalition's mission is to share accessible and easy-to-understand information about existing and emerging hazards involving school-age children and through information-sharing and other activities, to help minimize these risks. It seeks to foster collaboration among members and to advance improvements in children's</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	health and safety on shared goals o Safe Marketplace Program Disseminates important safety information via high-tech video at point-of-sale -- in-store videos, kiosks, websites Retailer locations currently include Wal-Mart, Costco, Sam's Club, BJ's, Albertson's, Shaw's, Shoprite, ACME, Pathmark, Fresh Market, Jewel-Osco, WMT Checkout Retailer (and we are working to include additional retailer locations), and the following quick-serve restaurants - Arby's, Carl's Jr., Denny's, Hardee's, KFC, McDonalds, Taco Bell, and Wendy's

Identifier	Return Reference	Explanation
CONSOLIDATED FINANCIAL STATEMENTS	PART IV, LINE 12	<p>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, 2012, WHICH WAS PREPARED IN ACCORDANCE WITH GAAP FORM 990 REVIEW PROCESS PART VI, LINE 11 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 w ith co-ordination w ith CU finance management, it is review ed by controller and CFO before it is reviewed and approved by the audit committee A copy of the 990 is then provided to the board of directors prior to its filing</p>

Identifier	Return Reference	Explanation
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

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

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

Identifier	Return Reference	Explanation
WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY	FORM 990, PART VI, SECTION B, LINE 14	THE BOARD APPROVED A RECORD MANAGEMENT POLICY IN OCTOBER 2011, THERE IS CU RETENTION SCHEDULE IN PLACE THE SCHEDULE IS BEING UPDATED FOR CURRENCY AND TO APPLY TO PAPER AND ELECTRONIC RECORDS CU ALSO COMPLETED A RECORDS AND INFORMATION GAP ASSESSMENT, PROGRAM, GOVERNANCE CHARTER AND RECORDS INFORMATION MANAGEMENT STRATEGIC ASSESSMENT

Identifier	Return Reference	Explanation
MEMBERS, STOCKHOLDERS	FORM 990, PART VI, LINE 7A	CONSUMER REPORTS IS A NEW YORK STATE NOT-FOR-PROFIT MEMBERSHIP CORPORATION THE MEMBERS ARE ANY INDIVIDUAL WITH A PAID ANNUAL SUBSCRIPTION TO CONSUMER REPORTS OR CONSUMERREPORTS.ORG, WHO DOES ONE OF THE FOLLOWING (1) GIVES NOTICE OF ACCEPTANCE OF MEMBERSHIP, (2) SENDS IN A NOMINATION FOR THE BOARD OF DIRECTORS, OR (3) RETURNS TO CU, THE BALLOT TRANSMITTED IN CONNECTION WITH THE ANNUAL ELECTION OF DIRECTORS. POWERS OF MEMBERS 1 MEMBERS CAN ELECT THE BOARD OF DIRECTORS, 2 THE ANNUAL REPORT OF CONSUMERS REPORTS MUST BE PRESENTED TO MEMBERS, 3 THE MEMBERS MUST MEET AT LEAST ANNUALLY, 4 BY-LAWS OF THE ORGANIZATION MAY BE ADOPTED, AMENDED, OR REPEALED BY MEMBERS, 5 MEMBERS MAY DEMAND TO CALL A SPECIAL MEETING IF AT LEAST 10% OF THE MEMBERS CALL FOR A MEETING WITHIN TWO TO THREE MONTHS IN THE FUTURE

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCE	PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS (19,149,356) UNREALIZED LOSS INTEREST RATE SWAP (4,248,257) PENSION RELATED CHANGES (13,503,970) CHANGE IN VALUE SPLIT INTEREST AGREEMENT 40,220 ROUNDING 986 ----- NET ASSETS OR FUND BALANCES AT END OF YEAR (36,860,377) =====

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
Consumers Union of United States Inc

Employer identification number

13-1776434

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Consumers Media LLC 101 Truman Ave Yonkers, NY 10703 26-3886493	EDUCATION	DE	1,328	18,235	CU

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization
						Yes
(1) CONSUMERS UNION ACTION FUND 101 TRUMAN AVENUE YONKERS, NY 10703 20-4780406	LOBBYING	DE	501(C)(4)	N/A	CU	Yes
(2) THE TRUMAN AVENUE FOUNDATION INC 101 TRUMAN AVENUE YONKERS, NY 10703 20-5665599	R/E HOLDING	DE	501(C)(3)	11 - I	CU	Yes

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.)

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
(1) Fisher charitable Remainder Unitrust 101 Truman Avenue Yonkers, NY 107031057 45-0604799	Annuity	NY	NA	T		276,397	100 000 %
(2) Ross Charitable Remainder Unitrust 101 Truman Avenue Yonkers, NY 107031057 74-6552533	Annuity	NY	NA	T		530,327	75 000 %
(3) Kellogg Charitable Remainder Unitrust 101 Truman Avenue Yonkers, NY 107031057 20-7549083	Annuity	NY	NA	T		543,064	100 000 %
(4) Wantanabe Charitable remainder Unitrust 101 Truman Avenue Yonkers, NY 107031057 26-6913662	Annuity	NY	NA	T		124,209	100 000 %
(5) Stern Charitable Remainder Unitrust 101 Truman Avenue Yonkers, NY 107031057 45-0604799	Annuity	NY	NA	T		112,834	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation