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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31-2013**




<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Consumers Union of United States Inc		<b>D</b> Employer identification number  13-1776434
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 101 TRUMAN AVENUE Suite	Room/suite	E Telephone number  (914) 378-2000
	City or town, state or country, and ZIP + 4 YONKERS, NY 107031057		<b>G</b> Gross receipts \$ 311,713,754
	<b>F</b> Name and address of principal officer JAMES A GUEST 101 TRUMAN AVENUE YONKERS, NY 107031057		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.CONSUMERREPORTS.ORG			

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	736	
6	Total number of volunteers (estimate if necessary)	18		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,470,446		
7b	Net unrelated business taxable income from Form 990-T, line 34	465,359		
Revenue	8	Contributions and grants (Part VIII, line 1h)	22,294,281	25,458,990
	9	Program service revenue (Part VIII, line 2g)	230,362,907	233,148,459
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,476,056	-981,487
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,135,106	1,665,763
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	263,268,350	259,291,725
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	799,459
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	96,900,339	92,084,495
16a		Professional fundraising fees (Part IX, column (A), line 11e)	234,439	112,969
b		Total fundraising expenses (Part IX, column (D), line 25)	9,320,748	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	167,338,317	162,827,676
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	265,272,554	255,555,409
19		Revenue less expenses Subtract line 18 from line 12	-2,004,204	3,736,316
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	335,920,076	381,407,574
	21	Total liabilities (Part X, line 26)	274,698,247	261,569,862
	22	Net assets or fund balances Subtract line 21 from line 20	61,221,829	119,837,712

## 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.

<b>Sign Here</b>	***** Signature of officer			2014-01-24 Date	
	JAMES A GUEST PRESIDENT AND CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KPMG LLP		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed			PTIN	
	Firm's name  KPMG LLP			Firm's EIN 	
Firm's address  345 Park Avenue New York, NY 101540102			Phone no (212) 758-9700		

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

Part III

Statement of Program Service Accomplishments

Check 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 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 \$ 217,898,688 including grants of \$ 530,269 ) (Revenue \$ 233,148,459 )

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 ▶ 217,898,688

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
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	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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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	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	
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	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	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	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	
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 X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.	347	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	736	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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 as charitable contributions?		No
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
d	If "Yes," indicate the number of Forms 8822 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the 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	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	18	
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 this 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	

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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MR MICHAEL MARTIN CPA 101 TRUMAN AVENUE YONKERS, NY (914) 378-2000

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

**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 compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 organization compensated any current officer, director, or trustee

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b</b> Sub-Total . . . . .										
<b>c</b> Total from continuation sheets to Part VII, Section A . . . . .										
<b>d</b> Total (add lines 1b and 1c) . . . . .							4,807,148	0	783,455	

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
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**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
GOOGLE INC , 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW CA 94043	SEARCH ENGINE MARKET	8,575,900
COMMUNICATION DATA SERVICES , 1901 BELL AVENUE DES MOINES IA 50315	FULFILLMENT SERVICES	8,033,657
BROWN PRINTING , 2300 BROWN AVENUE WASECA MN 56093	PRINTING	4,313,692
QUAD GRAPHICS , N61 W23044 HARRYS WAY SUSSEX WI 53089	PRINTING	2,734,723
INVITE MEDIA , 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW CA 94043	PROMOTION SERVICES	2,673,266
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶137		

Part VIII

Statement of Revenue

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

				(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	25,458,990			
	g	Noncash contributions included in lines 1a-1f \$		54,267			
	h	Total. Add lines 1a-1f . . . . .			25,458,990		
Program Service Revenue	2a	SUBSCRIPTION, NEWSSTAND & OTHER	Business Code	511120	136,790,175	136,790,175	
	b	ONLINE SUBSCRIPTION SALES		519100	95,743,094	94,272,648	1,470,446
	c	TESTING REVENUE		541380	615,190	615,190	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			233,148,459		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		178,572		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		1,646,872			1,646,872
6a		(i) Real		(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)		0	0		
d		Net rental income or (loss) . . . . .			0		
7a		(i) Securities		(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)		-1,160,059			
d		Net gain or (loss) . . . . .			-1,160,059		-1,160,059
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 PRESS AWARD		900099	18,891			18,891
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			18,891			
12	Total revenue. See Instructions . . . . .			259,291,725	231,678,013	1,470,446	684,276

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).

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.	485,269	485,269		
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.	45,000	45,000		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	4,145,897	2,229,289	1,916,608	
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.	61,510,025	51,325,558	8,637,745	1,546,722
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,402,996	8,770,660	1,363,504	268,832
9	Other employee benefits.	11,107,857	9,376,990	1,444,029	286,838
10	Payroll taxes.	4,917,720	4,133,993	657,096	126,631
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	937,522	39,519	881,549	16,454
c	Accounting.	485,125	23,834	461,291	
d	Lobbying.	114,016	114,016		
e	Professional fundraising services. See Part IV, line 17.	112,969			112,969
f	Investment management fees.	516,495		516,495	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	10,060,433	8,918,494	1,024,207	117,732
12	Advertising and promotion.	38,654,265	38,042,842	32,567	578,856
13	Office expenses.	1,278,378	562,092	709,166	7,120
14	Information technology.	1,409,600	733,837	675,763	
15	Royalties.	118,010	118,010		
16	Occupancy.	2,830,092	959,678	1,870,414	
17	Travel.	1,192,339	939,061	225,029	28,249
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	274,244	213,161	57,598	3,485
20	Interest.	1,477,233		1,477,233	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	10,595,296	6,864,619	3,725,437	5,240
23	Insurance.	1,014,326		1,014,326	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	POSTAGE AND SHIPPING	36,017,120	32,875,764	102,795	3,038,561
b	PRINTING AND PUBLICATION	27,519,850	25,732,136	65,177	1,722,537
c	ORDER PROCESSING	16,401,103	14,518,175	524,367	1,358,561
d	PRODUCT TESTING	4,063,315	4,063,315		
e	All other expenses	7,868,914	6,813,376	953,577	101,961
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	255,555,409	217,898,688	28,335,973	9,320,748
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		646,881	1	469,679
	2	Savings and temporary cash investments		7,338,698	2	20,802,192
	3	Pledges and grants receivable, net		4,777,330	3	4,236,644
	4	Accounts receivable, net		7,030,749	4	5,972,407
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,545,978	8	4,094,081
	9	Prepaid expenses and deferred charges		34,933,298	9	30,208,621
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a137,237,684			
	b	Less accumulated depreciation	10b77,854,790	61,877,231	10c	59,382,894
	11	Investments—publicly traded securities		211,504,883	11	252,884,718
	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		3,265,028	15	3,356,338
	16	Total assets. Add lines 1 through 15 (must equal line 34)		335,920,076	16	381,407,574
Liabilities	17	Accounts payable and accrued expenses		17,757,687	17	19,398,347
	18	Grants payable		0	18	0
	19	Deferred revenue		147,565,415	19	149,635,221
	20	Tax-exempt bond liabilities		46,175,000	20	45,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		63,200,145	25	47,536,294
	26	Total liabilities. Add lines 17 through 25		274,698,247	26	261,569,862
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		55,125,154	27	112,775,094
	28	Temporarily restricted net assets		6,096,675	28	7,062,618
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), 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		61,221,829	33	119,837,712
	34	Total liabilities and net assets/fund balances		335,920,076	34	381,407,574

Part XI Reconciliation of Net Assets

Check 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	259,291,725
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	255,555,409
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	3,736,316
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	61,221,829
5	Net unrealized gains (losses) on investments . . . . .	5	32,841,152
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	22,038,415
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	119,837,712

Part XII Financial Statements and Reporting

Check 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 13-1776434

Name: Consumers Union of United States Inc

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE ARCHER SECRETARY	2 0	X								
MARCIA ARONOFF DIRECTOR	2 0	X								
ROBERT E BAENSCH DIRECTOR	2 0	X								
DEBORAH COWAN DIRECTOR FROM OCTOBER 2012	2 0	X								
WALTER BRISTOL CHAIR	2 0	X								
BARBARA FRIEDMAN DIRECTOR	2 0	X								
STEVEN R HILL TREASURER	2 0	X								
ANTHONY B ITON DIRECTOR	2 0	X								
CAROL IZUMI DIRECTOR	2 0	X								
ANNETTE LOVOI DIRECTOR	2 0	X								
CRAIG NEWMARK DIRECTOR	2 0	X								
HEATHER C MCGHEE DIRECTOR	2 0	X								
ED MIERZWINSKI DIRECTOR	2 0	X								
WILLARD P OGBURN DIRECTOR	2 0	X								
MARTIN SCHNEIDER DIRECTOR	2 0	X								
MICAH SIFRY DIRECTOR	2 0	X								
THOMAS C VOICE DIRECTOR	2 0	X								
THOMAS WATHEN VICE CHAIR	2 0	X								
JAMES A GUEST PRESIDENT AND CEO	40 0			X				581,053	0	77,984
LAURENCE BUNIN CHIEF OPERATING OFFICER	40 0			X				459,988	0	33,146
RICHARD GANNON VP AND CFO	40 0			X				398,306	0	72,891
RAHUL BELANI VP AND CIO	40 0				X			363,632	0	65,251
LIAM MCCORMACK VP TECHNICAL DIRECTOR	40 0				X			334,030	0	60,278
MICHAEL D'ALESSANDRO VP AND CHIEF OF STAFF	40 0				X			280,691	0	57,655
LINDA TEPEDINO VP HUMAN RESOURCES	40 0				X			278,855	0	58,290

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER MEYER VP EXTERNAL AFFAIRS	40 0				X			268,512	0	59,055
KEVIN MCKEAN VP EDITORIAL DIR	40 0					X		369,127	0	61,817
EILEEN HERSHENOV VP GENERAL COUNSEL	40 0					X		319,525	0	73,114
PAIGE AMIDON LITMAN VP HEALTH	40 0					X		313,441	0	57,385
DAVID CHAMPION DEPUTY TECH DIR, ATC	40 0					X		311,297	0	46,394
SHERRY BROWN MGR OF FINANCIAL OPERATIONS	40 0					X		312,953	0	43,195
JOHN SATEJA EXECUTIVE VP	40 0						X	215,738	0	17,000

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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 Service

Name 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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
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 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,756,084	17,433,629	20,068,201	22,294,281	25,458,990	104,011,185
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	225,742,828	220,602,270	228,010,433	230,362,907	233,148,459	1,137,866,897
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	244,498,912	238,035,899	248,078,634	252,657,188	258,607,449	1,241,878,082
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	25,500	39,737		55,411	20,000	140,648
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						0
c Add lines 7a and 7b	25,500	39,737		55,411	20,000	140,648
8 Public support (Subtract line 7c from line 6.)						1,241,737,434

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	244,498,912	238,035,899	248,078,634	252,657,188	258,607,449	1,241,878,082
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,574,790	4,602,500	4,280,928	3,389,184	178,572	19,025,974
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	6,574,790	4,602,500	4,280,928	3,389,184	178,572	19,025,974
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	130,487	125,396	465,115	403,739	465,359	1,590,096
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	670,126	-1,187,597	1,000,000	554,999	18,891	1,056,419
13 Total support. (Add lines 9, 10c, 11, and 12.)	251,874,315	241,576,198	253,824,677	257,005,110	259,270,271	1,263,550,571
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 2012 (line 8, column (f) divided by line 13, column (f))	15	98.274%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	97.774%

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.506%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	2.091%
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ See separate instructions.

OMB No 1545-0047

2012

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, Part V, 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
--	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(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?		No	
d	Mailings to members, legislators, or the public?	Yes		141,940
e	Publications, or published or broadcast statements?	Yes		115,705
f	Grants to other organizations for lobbying purposes?	Yes		14,050
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		455,923
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		72,322
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			799,940
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 carry over lobbying and political expenditures from the prior year?	3	

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B		LINE 1A VOLUNTEERS TESTIFY BEFORE CONGRESS AND STATE LEGISLATURES, SPEAK AT PRESS CONFERENCES REGARDING STATE AND FEDERAL LEGISLATION, LOBBY LEGISLATORS. LINE 1B - PAID STAFF OR MANAGEMENT PLEASE SEE BELOW ACTIVITIES, AS STAFF AND MANAGEMENT ARE INCLUDED IN THOSE ACTIVITIES AND TOTALS. LINE 1D - MAILING TO MEMBERS, LEGISLATORS, OR THE PUBLIC. ACTION ALERTS TO THE PUBLIC. LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS. LOBBYING MESSAGES REGARDING LEGISLATION THAT APPEAR IN CONSUMER REPORTS AND ITS OTHER PUBLICATIONS. LINE 1F - GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. GRANTS TO NON-PROFIT ORGANIZATIONS ON THE GROUND IN STATES WHERE WE ARE WORKING. LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR LEGISLATIVE BODY LETTERS, FACE-TO-FACE COMMUNICATIONS, EMAILS, TELEPHONE CALLS WITH STATE AND FEDERAL LEGISLATORS, INCLUDING PREPARATION AND TRAVEL TIME, LEGISLATIVE TESTIMONY. LINE 1H - RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY SIMILAR MEANS. SPEECHES, RALLIES, CONFERENCES WHERE CU STAFF SUPPORTS OR OPPOSES STATE AND FEDERAL LEGISLATION PUBLICLY.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,935,255		11,935,255
b Buildings		65,177,318	32,147,052	33,030,266
c Leasehold improvements		231,590	130,656	100,934
d Equipment		13,413,869	10,423,859	2,990,010
e Other		46,479,652	35,153,223	11,326,429
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				59,382,894





<b>Part XI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements . . . . .			1	313,710,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments . . . . .	2a	32,841,152		
b	Donated services and use of facilities . . . . .	2b			
c	Recoveries of prior year grants . . . . .	2c			
d	Other (Describe in Part XIII ) . . . . .	2d	22,072,568		
e	Add lines 2a through 2d . . . . .			2e	54,913,720
3	Subtract line 2e from line 1 . . . . .			3	258,796,280
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	495,212		
b	Other (Describe in Part XIII ) . . . . .	4b	233		
c	Add lines 4a and 4b . . . . .		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .			5	259,291,725
<b>Part XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements . . . . .			1	255,088,000
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 XIII ) . . . . .	2d	28,470		
e	Add lines 2a through 2d . . . . .			2e	28,470
3	Subtract line 2e from line 1 . . . . .			3	255,059,530
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	495,212		
b	Other (Describe in Part XIII ) . . . . .	4b	667		
c	Add lines 4a and 4b . . . . .		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .			5	255,555,409

<b>Part XIII</b> 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
RECONCILIATION OF REVENUE	SCHEDULE D, PART XI, LINE 2D	CONSUMERS UNION ACTION FUND, INC \$ 34,481 UNREALIZED GAIN ON INTEREST RATE SWAP \$ 2,516,120 PENSION RELATED CHANGES \$ 19,465,502 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$ 56,465 ----- TOTAL \$ 22,072,568 ===== PART XI, LINE 4B - OTHER ROUNDING \$ 233 ===
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XII, LINE 2B	EXPENSES OR RELATED ENTITY - CONSUMERS UNION ACTION FUND, INC \$ 28,445 EXPENSES OF RELATED ENTITY - TRUMAN AVENUE FOUNDATION, INC \$ 25 ----- TOTAL \$ 28,470 ===== PART XII, LINE 4B - OTHER ROUNDING \$ 667 =====

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
Consumers Union of United States Inc

Employer identification number  
13-1776434

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Europe (Including Iceland and Greenland)			Grantmaking	Publication and inform	45,000
Europe (Including Iceland and Greenland)			Program Services	Publication Info	1,546,940
North America			Program Services	Publication Info	1,473,215
3a Sub-total					3,065,155
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					3,065,155

**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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe (Including Iceland and Greenland)	GENERAL SUPPORT	45,000	WIRE			ACCRUAL

- 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 . . . . . 0

## Part III

**(a) Type of grant or assistance**

**(b) Region**

(c) Number of recipients

**(d)** Amount of cash grant

**(e) Manner of cash disbursement**

(f) Amount of non-cash assistance

**(g) Description  
of non-cash  
assistance**

**(h)** Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ 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

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

[illegible]

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.**

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

OMB No 1545-0047

# 2012

## Open to Public Inspection

Name 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.

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

(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 ATTN LISA DRANE 6715 SUNSET BOULEVARD LOS ANGELES, CA 90028	TELE MARKETING		No	184,156	112,969	71,187
<b>Total . . . . .</b>				184,156	112,969	71,187

**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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor . . . .			
	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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



a The organization's facility	13a	
b An outside facility	13b	

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

Name  .....

Address  .....

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

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


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

Name  .....

Address  .....

16 Gaming manager information

Name  .....


Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

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. Part II can be duplicated 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) Asian & Pacific Islander American Health Reform 450 Sutter Street Suite 600 San Francisco,CA 94108	94-3030866	501(C)(3)	10,000				Support work on health system reform CONSUMER ORGANIZATION DEVELOPMENT PROGRAM
(2) TIDES CENTER PRESIDIO BLDG 1014 TOMEY AVE AT LINCOLN BLVD SAN FRANCISCO,CA 94129	94-3213100	501(C)(3)	10,000				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 Strret NW Suite 604 SUITE 650 Washington,DC 20036	16-1774332	501(C)(3)	35,000				State and local grants program for US consumer org REGARDING IDENTITY THEFT AND FINANCIAL PRIVACY ISSUES
(4) CALIFORNIA PAN-ETHNIC HEALTH NETWORK 654 THIRTEENTH STREET OAKLAND,CA 94612	52-0880625	501(C)(3)	223,000				SUPPORT HEALTH COALITION
(5) HEALTH ACCESS FOUNDATION 414 13TH STREET SUITE 450 OAKLAND,CA 94612	13-1945149	501(C)(3)	190,469				SUPPORT FOR HEALTHCARE COALITION

**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.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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, Part III, column (b), 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 following - 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.

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Consumers Union of 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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SEVERANCE PAYMENTS AND UNQUALIFIED PLAN BENEFITS		SEVERANCE PAYMENTS KEVIN MCKEAN - \$102,500 DAVID CHAMPION - \$136,977 SHERRY BROWN - \$140,895 JOHN SATEJA - \$214,322 PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - DEFERRED COMPENSATION JAMES GUEST - \$17,000 RICHARD GANON - \$13,527 KEVIN MCKEAN - \$7,617 EILEEN HERSHENOV - \$7,131 PAIGE AMIDON LITMAN - \$1,401 LIAM MCCORMACK - \$4,294 MICHAEL D'ALESSANDRO - \$2,506 LINDA TEPEDINO - \$1,712 CHRISTOPHER MEYER - \$1,511 RAHUL BELANI - \$9,267 JOHN SATEJA - \$17,000
PART I, LINE 7		Sched J Column B (ii) Bonus & Incentive Compensation Contractual Discretionary Bonus (Merit) LAURENCE BUNIN \$50,863 \$50,863 \$0 RICHARD GANNON \$7,500 \$7,500 EILEEN HERSHENOV \$5,000 \$5,000 PAIGE AMIDON LITMAN \$5,000 \$5,000 LIAM MCCORMACK \$7,500 \$7,500 MICHAEL D'ALSSANDRO \$4,000 \$4,000 LINDA TEPEDINO \$4,000 \$4,000 CHRISTOPHER MEYER \$5,000 \$5,000 RAHUL BELANI \$8,500 \$8,500

Software ID:

Software Version:

EIN: 13-1776434

Name: Consumers Union of United States Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JAMES A GUEST	(i)	552,960	0	28,093	42,000	35,984	659,037	0
	(ii)	0	0	0	0	0	0	0
LAURENCE BUNIN	(i)	407,325	50,863	1,800	22,454	10,692	493,134	0
	(ii)	0	0	0	0	0	0	0
RICHARD GANNON	(i)	380,908	7,500	9,898	38,527	34,364	471,197	0
	(ii)	0	0	0	0	0	0	0
KEVIN MCKEAN	(i)	235,645	0	133,482	28,242	33,575	430,944	0
	(ii)	0	0	0	0	0	0	0
RAHUL BELANI	(i)	342,191	8,500	12,941	34,267	30,984	428,883	0
	(ii)	0	0	0	0	0	0	0
LIAM MCCORMACK	(i)	323,465	7,500	3,065	29,294	30,984	394,308	0
	(ii)	0	0	0	0	0	0	0
EILEEN HERSHENOV	(i)	305,857	5,000	8,668	32,131	40,983	392,639	0
	(ii)	0	0	0	0	0	0	0
PAIGE AMIDON LITMAN	(i)	260,973	5,000	47,468	26,401	30,984	370,826	0
	(ii)	0	0	0	0	0	0	0
DAVID CHAMPION	(i)	158,363	0	152,934	16,036	30,358	357,691	0
	(ii)	0	0	0	0	0	0	0
SHERRY BROWN	(i)	97,577	0	215,376	10,169	33,026	356,148	0
	(ii)	0	0	0	0	0	0	0
MICHAEL D'ALESSANDRO	(i)	268,809	4,000	7,882	27,506	30,149	338,346	0
	(ii)	0	0	0	0	0	0	0
LINDA TEPEDINO	(i)	272,310	4,000	2,545	26,712	31,578	337,145	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER MEYER	(i)	260,629	5,000	2,883	26,511	32,544	327,567	0
	(ii)	0	0	0	0	0	0	0
JOHN SATEJA	(i)	0	0	215,738	17,000	0	232,738	1,416
	(ii)	0	0	0	0	0	0	0



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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 Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name 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	47,300,000	MULTI-MODAL CIVIC FACILITY REVENUE		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally 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 escrows	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							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	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

		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 of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	MORGAN STANLEY							
c	Term of hedge	30 5							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

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

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

2012

Open to Public Inspection

►Complete if the organizations 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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	5	54,267	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

31 If "Yes," describe the arrangement in Part II

32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

33 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

33 If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

No

No

Part II

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

Identifier	Return Reference	Explanation
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2012

Open to Public  
Inspection

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.

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 5/31/13 INCLUDE CONSUMER REPORTS MAGAZINE 3,819,734, CONSUMER REPORTS ON HEALTH 644,319, CR ONLINE 3,238,623, CONSUMER REPORTS MONEY ADVISER 157,414, AUTO PREMIUM 127,222, AND SHOP SMART 307,860. 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.</p> <p>Product Information Consumers Union of US Inc conducts independent and impartial tests and analyses on a wide range of consumer products and services, such as electronics, appliances, household products, insurance, recreational goods, and cars. The tests and surveys evaluate how the products and services perform and advise consumers on the extent to which they are convenient, safe, and economical. During the fiscal year ended 5/31/13, Consumers Union of US Inc conducted tests and evaluations on more than 3500 models of various consumer products, making use of about 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, EVIDENCE-BASED MEDICAL INFORMATION AS WELL AS PROGRAMS DESIGNED TO ALERT CONSUMERS TO THE RISKS ASSOCIATED WITH DANGEROUS PRODUCTS. IN ADDITION, CONSUMERS UNION PROVIDES SUBSTANTIAL FREE CONSUMER EDUCATION INFORMATION AS A PUBLIC SERVICE THROUGH OUR EDUCATIONAL WEB SITES AND THROUGH AN EXPANDING USE OF SOCIAL NETWORKING SITES AND BLOGS. CONSUMERS UNION EDUCATIONAL WEBSITES INCLUDE THE CONSUMERS UNION ADVOCACY WEB SITE (CONSUMERSUNION.ORG), CONSUMER REPORTS BEST BUY DRUGS (CRBESTBUYDRUGS.ORG), CONSUMER HEALTH CHOICES (CONSUMERHEALTHCHOICES.ORG), SPANISH LANGUAGE CONSUMER EDUCATION MATERIALS, AT (CONSUMERSUNION.ORG/ESPANOL), (<a href="http://espanol.consumerreports.org/cuespanol">HTTP://ESPANOL.CONSUMERREPORTS.ORG/CUESPANOL</a>) CONSUMER REPORTS GREENER CHOICES (GREENERCHOICES.ORG), AND ECO-LABELS, AN ONLINE GUIDE TO ENVIRONMENTAL LABELS (ECO-LABELS.ORG). SPECIFIC ACCOMPLISHMENTS INCLUDE HEALTH INFORMATION CONSUMERS UNION'S HEALTH RATINGS CENTER (<a href="http://www.consumerreports.org/health/home.htm">HTTP://WWW.CONSUMERREPORTS.ORG/HEALTH/HOME.HTM</a>) 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. IT HAS ALSO PARTNERED WITH THE AMERICAN COLLEGE OF PHYSICIANS IN A CAMPAIGN CALLED HIGH VALUE CARE THAT COMMUNICATES ABOUT HIGH-VALUE, COST-CONSCIOUS HEALTH CHOICES. BOTH CHOOSING WISELY AND HIGH VALUE CARE RESOURCES ARE DISSEMINATED THROUGH CR'S HEALTH IMPACT PARTNER NETWORK. 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 WIDER RANGE OF CONSUMER AUDIENCES - FOR EXAMPLE, VIA PARTNERSHIPS WITH COMMUNITY PHARMACISTS, AND ANOTHER WITH LARGE-SCALE RETAIL STORES. ALL BBD REPORTS ARE TRANSLATED INTO SPANISH. 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. <a href="http://yourhealthsecurity.org/the_new_law">HTTP://YOURHEALTHSECURITY.ORG/THE_NEW_LAW</a>. THE GUIDES ARE ALSO AVAILABLE IN SPANISH.</p> <p>SAFETY 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</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	TO SHARE ACCESSIBLE AND EASY-TO-UNDERSTAND INFORMATION ABOUT EXISTING AND EMERGING HAZARD S INVOLVING SCHOOL-AGE CHILDREN AND THROUGH INFORMATION-SHARING AND OTHER ACTIVITIES, TO H ELP MINIMIZE THESE RISKS IT SEEKS TO FOSTER COLLABORATION AMONG MEMBERS AND TO ADVANCE IM PROVEMENTS IN CHILDREN'S HEALTH AND SAFETY ON SHARED GOALS



Identifier	Return Reference	Explanation
CONSOLIDATED FINANCIAL STATEMENTS	PART IV, LINE 12	CONSUMERS UNION OF UNITED STATES, INC IS AUDITED IN COMBINATION WITH ITS RELATED ORGANIZATIONS CONSUMERS UNION ACTION FUND, INC [EIN 20-4780406] AND TRUMAN AVENUE FOUNDATION, INC [EIN 20-5665599], ALTHOUGH SEPARATE AUDITED FINANCIAL STATEMENTS ARE NOT ISSUED FOR CONSUMERS UNION OF UNITED STATES, INC , A CONSOLIDATED AUDITED FINANCIAL STATEMENT WAS ISSUED FOR THE FISCAL YEAR ENDED MAY 31, 2013, 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 CU finance department with coordination with KPMG, it is reviewed 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

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 REASONABLENESS AND PERIODICALLY REVIEWS ITS EXECUTIVE COMPENSATION TO ENSURE ONGOING ALIGNMENT WITH ITS STRATEGIC DIRECTION AND FINANCIAL LIMITS. TO ENSURE ITS EXECUTIVE COMPENSATION IS CONSISTENT WITH THIS COMPENSATION PHILOSOPHY, CU - CLEARLY IDENTIFIES A SURVEY PEER GROUP AND PROTOCOL FOR BENCHMARKING AND DETERMINING THE REASONABLENESS OF TOTAL COMPENSATION IN RELATION TO MARKET NORMS FOR SIMILAR EXECUTIVE POSITIONS, - ENGAGES AN INDEPENDENT AND QUALIFIED COMPENSATION CONSULTANT TO PERIODICALLY COMPILE AND ANALYZE COMPETITIVE MARKET COMPENSATION FOR SIMILAR EXECUTIVES IN ORGANIZATIONS COMPARABLE TO CU, - PROVIDES REASONABLY COMPETITIVE TOTAL COMPENSATION CONSISTENT WITH MARKET NORMS AND PERFORMANCE RESULTS IN ANY GIVEN YEAR, AND - PERIODICALLY EVALUATES AND REALIGNS PERFORMANCE MEASURES TO CONFORM TO CHANGING STRATEGIC GOALS AND OTHER BUSINESS NEEDS. ENSURES THAT THE EXECUTIVE COMPENSATION PROGRAM IS CONSISTENT WITH CU'S MISSION AND TAX-EXEMPT STATUS AND THAT COMPENSATION IS BOTH COMPETITIVE AND REASONABLE IS A SHARED RESPONSIBILITY OF THE BOARD OF DIRECTORS ("THE BOARD"), ITS COMPENSATION AND HUMAN RESOURCES COMMITTEE ("THE COMMITTEE"), AND CU'S PRESIDENT. THE COMMITTEE IS MADE UP OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS WHO DO NOT HAVE ANY CONFLICT OF INTEREST WITH REGARD TO EXECUTIVE COMPENSATION. THE BASIS FOR THE DECISIONS MADE BY THE COMMITTEE ARE DOCUMENTED IN THE MINUTES OF EACH COMMITTEE MEETING.</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 THE EXISTING WRITTEN RECORDS RETENTION AND DESTRUCTION POLICY WAS UPDATED AND APPROVED

Identifier	Return Reference	Explanation
MEMBERS, STOCKHOLDERS	FORM 990, PART VI, LINE 7A	CONUSMERS UNION 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 INCOMMECTINO WITH THE ANNUAL ELECTION OF DIRECTORS POWERS OF MEMBERS 1 MEMBERS CAN ELECT THE BOARD OF DIRECTORS, 2 THE ANNUAL REPORT OF CONSUMER 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 9	UNREALIZED GAIN INTEREST RATE SWAP 2,516,120 PENSION RELATED CHANGES 19,465,502 CHANGE IN VALUE SPLIT INTEREST AGREEMENT 56,465 ROUNDING 328 ----- OTHER CHANGES IN NET ASSETS OR FUND BALANCES 22,038,415 =====

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name 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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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) CONSUMER MEDIA LLC 101 Truman Ave Yonkers, NY 10703 26-3886493	EDUCATION	DE	237	39,017	CU

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (5)	Annuity	NY	NA	Trust				Yes	

Part V

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

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

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 or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

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

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

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

**Part VII** Supplemental Information

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

Identifier	Return Reference	Explanation	
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