| ; | 20 | Form 990 |
|---|----|----------------------------|
| | 80 | Department of the Treasury |

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| 3 | A F | or the | 2013 calendar year, or tax year beginning and en | nding | | |
|-------------------------------|------------|------------------------------------|---|------------|--|-------------------------------|
| င္ | B c | neck if oplicable | C Name of organization | | D Employer identific | cation number |
| 6 | | Addres change Name change | CONSUMERS RESEARCH INC | | 22-1 | 500498 |
| 56 | |]initial freturn Termin | Number and street (or P.O. box if mail is not delivered to street address) | com/suite | E Telephone number | |
| & | X | Amend return Application | City or town, state or province, country, and ZIP or foreign postal code | - | G Grass receipts \$ H(a) is this a group re | 420,397. |
| | | pendin | F Name and address of principal officer: RUSSELL OUTHUSE 1801 F STREET, NW, SUITE 304, WASHINGTON | N. DC | for subordinates H(b) Are all subordinates in | ? Yes _X No |
| | I T | ax-exe | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | | · · | list. (see instructions) |
| 9 | | | e: ► WWW.CONSUMERSRESEARCH.ORG | | H(c) Group exemption | |
| No statute iseue | | | organization: X Corporation Trust Association Other Summary | L Year o | of formation: 1937 N | A State of legal domicile: NJ |
| 智 | g | | Briefly describe the organization's mission or most significant activities: CONSU | | | |
| 0 8 | and | | INDEPENDENT EDUCATIONAL ORGANIZATION WHOSE | | | |
| ~ | Governance | | Check this box fithe organization discontinued its operations or disposed | | 1 _ 1 | ssets. |
| | ģ | | | | | |
| | ∞ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 2 |
| | ctivities | | Total number of Individuals employed in calendar year 2013 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C) ine the CENARY Net unrelated business taxable income from Form 990 1 line 34 | Cours | | 1 0 |
| _ | cţi | 7a | Total unrelated business revenue from Part VIII. column (C). Inc. 1980 | 0.3 · · ·· | 7a | 0. |
| 2019 | ď | ь | Net unrelated business taxable income from Form 990 T. Jine 34 | | 7b | 0. |
| | | | Net unrelated business taxable income from Form \$90.7 Jine 34 PECEIVED 22 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) JAN 22020 | 100 Pm | Prior Year | Current Year |
| 12 | a | 8 | Contributions and grants (Part VIII, line 1h) | | 0. | 420,100. |
| _ | Revenue | 9 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4 and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 3C, and 7d) | . Itah | Ō. | 0. |
| N0V | ev | 10 | Investment income (Part VIII, column (A), lines 3, 4-and 7d) 🖪 🐧 📉 🕒 🔒 📆 | ,,, | 0. | 297. |
| Z | _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) | | 0. | 0. |
| <u> </u> | | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 420,397. |
| POSTMARK DATE | | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| M | Ses | | Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 49,883. |
| | Bus | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| 3 | X | | Total fundraising expenses (Part IX, column (D), line 25) | | | 65.405 |
| | _ | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | <u> </u> | 65,495. |
| | | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 0. | 115,378. |
| | Ces Ces | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 0. | 305,019. |
| | S | 20 | Total assets (Part X, line 16) | Bei | ginning of Current Year 0 • | End of Year |
| | Asset | | Total liabilities (Part X, line 26) | · · | 0. | 318,706. 13,687. |
| | Jet | | Net assets or fund balances. Subtract line 21 from line 20 | . | 0. | 305,019. |
| _ ` | Pa | | Signature Block | ····· | | 30.7,017. |
| | Unde | r pena | ities of perjury, I declare that I have examined this return, including accompanying schedules a | and statem | ents, and to the best of m | y knowledge and belief, it is |
| 2019 | | | t, and complete. Declaration of preparer (other than officer) is based on all information of whic | | | • |
| | | | | | | |
| 12 | Sigr | ١ | | | Date | 2-/10 |
| ب | Her | Ð | Kussell Cuthuse | | 6/0 | 25/19 |
| DEC | | | RUSSELL OUTHUSE, BOARD OF DIRECTORS MEMBE | | | |
| | | | 3000 | _ 1 | Date Check | PTIN |
| تَ قِ | Paid | | ALIDA A HAMRICK, CPA Ulifa O Normick C | TAB | 1913 self-employ | |
| 28 | Prep | i | Firm's name CAMERON. MOBERLY & HAMRICK. PC | 10 | Firm's EIN | <u>54-1062809</u> |
| Racaived in Batching Oguen | Use | Only | Firm's address 8500 EXECUTIVE PARK AVE, SUITE 4 | 12 | 5. 5. | 7 207 0200 |
| 85 | | | FAIRFAX, VA 22031 | | Phone no. 7 0 | 3-207-9200 |
| _ 'S | | | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No Form 990 (2013) |
| €-3 | 3320 | 01 10-2 - | 0-13 LHA For Paperwork Reduction Act Notice, see the separate instruction | ıs. | | (2013) רבי – ר |

| | 990 (2013) CONSUMERS' RESEARCH INC | 22-1500498 | Page 2 |
|----------------|---|---------------------------------------|-------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part ill | | <u> </u> |
| 1 | Briefly describe the organization's mission: | | |
| | CONSUMERS' RESEARCH IS AN INDEPENDENT EDUCATIONAL ORGA | NIZATION WHOS | SE |
| | MISSION IS TO INCREASE THE KNOWLEDGE AND UNDERSTANDING | OF ISSUES, | |
| | POLICIES, PRODUCTS, AND SERVICES OF CONCERN TO CONSUME | RS AND TO | |
| | PROMOTE THE FREEDOM TO ACT ON THAT KNOWLEDGE AND UNDER | STANDING. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | Ves | X No |
| | If "Yes," describe these new services on Schedule O | | 110 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | .2 Tv. | X No |
| • | If "Yes," describe these changes on Schedule O. | 31 | i LALINO |
| | • | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or | thers, the total expenses, | and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code) (Expenses \$ | /enue \$ | <u> </u> |
| | THE ORGANIZATION PERFORMS RESEARCH, MAINTAINS A WEBSIT | E, HOSTS EVEN | VTS, |
| | AND PUBLISHES A MAGAZINE TO INCREASE KNOWLEDGE AND UND | ERSTANDING OF | 7 |
| | ISSUES, POLICIES, PRODUCTS, AND SERVICES OF CONCERN TO | | |
| | PROMOTE THE FREEDOM TO ACT ON THAT KNOWLEDGE AND UNDER | | |
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| 4b | (Code) (Expenses \$ including grents of \$) (Ref | venue \$ | |
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| | Jan. No. | | |
| 4c | (Code) (Expenses \$ Including grants of \$) (Re | venue \$ |) |
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| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| | | • | |
| 40 | 7 Provided | | |
| <u>4e</u> | Total program service expenses ► 79,800. | | |
| 33200 10-29 | 2 13 | Form 9 | 990 (2013) |

| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | <u> </u> | |
| 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 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | _ | | ., |
| E | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> X</u> |
| 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 | _ | | v |
| в | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | | X |
| U | provide advice on the distribution or Investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _6 | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | х |
| 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 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | | X_ |
| ь | 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 | <u> </u> | X |
| С | 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 | _ | X |
| u | 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 | | | v |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | |
| · | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete | | | <u> </u> |
| | Schedule D, Parts XI and XII | 12a | | х |
| 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 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 1 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | _16 | <u> </u> | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | l <u>.</u> _ |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | - | X |
| 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 | | 1 | |
| 19 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | 18 | | X. |
| 15 | | ا مد ا | | v |
| 202 | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | <u> </u> | X |
| <u>—</u> | and the trib digarises and a copy of its audited interior statements to this return | 20b | | <u> </u> |

| | H IV Checklist of Required Schedules (continued) | 1490 | <u> </u> | age 4 |
|-----|--|-----------|----------------|----------------------|
| | P. M. Caracilla Marian Company of the Company of th | _ | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | l | | |
| | government on Part IX, column (A), Ilne 1? If "Yes," complete Schedule I, Parts I and II | 21 | ├ | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, | | | ١ |
| | column (A), line 2? If "Yes," complete Schedule I, Perts I and III | 22 | ├ | X |
| 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? If "Yes," complete | | | ۱ |
| | Schedule J | 23 | ├ ── | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete | | | ۱ |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? | 24b | <u> </u> | } |
| 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 | ├ | ┼ |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | - | |
| 258 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | ١ | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | X | ├ |
| D | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| 00 | Schedule L, Part I | 25b | X | ┼— |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| 27 | complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 26 | X | ┼ |
| 21 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | | | w |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 27 | ├ | X |
| 20 | instructions for applicable filling thresholds, conditions, and exceptions). | | | |
| • | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | | _v |
| b | | 28a | - | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 28b | | ┼≏ |
| · | allowed and the section of the secti | 000 | | v |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | ╁ | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 28 | + | ┝┸ |
| 00 | contributions? If "Yes," complete Schedule M | 90 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | ^ |
| ٠. | If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete | 31 | 1 | ^ |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | SZ. | | ^ |
| | sections 301 7701-2 and 301 7701-32 # "Vos." complete Schodule P. Bort I | 33 | 1 | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | ^ |
| | Part V line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | + | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 308 | + | $\uparrow $ |
| - | within the meaning of section 512/b)/13/2 ff "Ves " complete Schodule P. Part V. line 2 | 35b | 1 | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330 | 1- | + |
| | If "Yes " complete Schedule R. Part V. line 2 | 26 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | _36_ | | ┼^ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 27 | 1 | $\perp_{\mathbf{X}}$ |
| | The second secon | 37 | | ┸┻ |

Form 990 (2013)

Note. All Form 990 filers are required to complete Schedule O

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

14b | Form **990** (2013)

14a

X

13b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ...

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to Issue qualified health plans

| | 00.450/ | | | • |
|------------------|---|-----------|--------------|---------------|
| | 990 (2016) CONSUMERS' RESEARCH INC 22-1500 | | | ige 6 |
| Par | TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | "No" re | spons | 86 |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec [.] | tion 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 | 4 | l | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | - 1 | |
| b | Enter the number of voting members included in line 1a, above, who are Independent | 4 | - 1 | |
| 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 | | <u>X</u> |
| 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 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <u>X</u> _ |
| 6 | Did the organization have members or stockholders? | 6 | | <u>X</u> _ |
| 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 | | <u>X</u> _ |
| þ | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | <u> </u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. | | | |
| а | The governing body? | 8a | X | |
| þ | Each committee with authority to act on behalf of the governing body? | <u>86</u> | X | |
| 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 | | <u>X</u> _ |
| <u>2ec</u> | tion 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 | | <u>X</u> _ |
| b | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | 37 | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 77 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | <u> </u> | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | ١ | 47 | |
| 40 | In Schedule O how this was done | 12c | _ <u>X</u> _ | |
| 13 | Did the organization have a written whistleblower policy? | _13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | - |
| 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? | 1 | w | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| ь | Other officers or key employees of the organization | 15b | X | |
| 40 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | [| | |
| 108 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | ١ | | ., |
| | taxable entity during the year? | 16a | | <u>X</u> |
| 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 | | | |
| 500 | exempt status with respect to such arrangements? | 16b | L | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | - |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only | avallat | 10 | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a | na finai | ncial | |
| | 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 organize CONSTMERC! RECEARCH 2009 0.543 | ation: | _ | |
| | CONSUMERS' RESEARCH - 202-898-0542 | | | |
| | 1801 F ST NW, WASHINGTON, DC 20006 | | | |

332006 10-29-13

| Form 990 (| | | | 22-150049 | 8 Page 7 |
|------------|---|---------------------|-------------------------|--------------------|----------|
| Part VII | Compensation of Officers, Dire | ctors, Trustee | s, Key Employees, H | ighest Compensated | |
| | Employees, and Independent (| Contractors | | | |
| | Check If Schedule O contains a response | or note to any line | in this Part VII | | |
| Section A. | Officers, Directors, Trustees, Key Em | oloyees, and High | est Compensated Employe | 90 8 | |

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter 0 in columns (0), (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, and 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.

| (A) Name and Title | (B) Average | | | | C) ition | l | | (D) Reportable | (E) Reportable | (F) Estimated | |
|--|---|----------------------|-------|---------------|--------------------------|--|------|--|--|--|--|
| Name and Tide | hours per week (list any hours for related organizations below line) | See or director 19 8 | not c | heck ss pe | more rson l irecto | Highest compensated sharp single small | han, | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W 2/1099-MISC) | estimated amount of other compensation from the organization and related organizations | |
| 1) JOSEPH COLANGELO | 40.00 | l | İ | | | | | | _ | _ | |
| OARD PRESIDENT & EXECUTIVE DIRECTOR | 0.00 | X | ┞ | X | <u> </u> | | | 35,336. | 0. | (| |
| 2) COLIN SHEA COARD MEMBER, SECRETARY | 0.00 | x | | x | | | | 0. | 0. | (| |
| 3) JOHN BOSWICK | 0.00 | 1 | | Λ | | | - | - 0. | | | |
| OARD MEMBER TREASURER | | x | | х | | 1 | | 0. | 0. | . (| |
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332007 10-29-13

CONSUMERS' RESEARCH INC

Form 990 (2013)

22-1500498

Page 8

| · | | Check if Schedule O contains a response or note to any line | e 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 - 514 |
| इध | 1 a | Federated campaigns 1a | | | | |
| Contributions, Grits, Grants and Other Similar Amounts | | Membership dues 1b | | | | |
| | C | Fundraising events 1c | i | | | |
| | d | Related organizations 1d | | | | |
| | е | Government grants (contributions) 1e | | | | |
| | f | All other contributions, gifts, grants, and | | | | |
| | | similar amounts not included above 1f 420, 100. | | | | |
| 불일 | 9 | Noncash contributions included in lines 1s-1f \$ | | | | |
| <u>ठ</u> ह | h | Total. Add lines 1a:1f | 420,100. | | | |
| | _ | Business Code | | | | |
| 퉏 | 2 a | | | | | |
| Program Service Revenue | b | | | | | |
| ΕŞ | C | | | | | |
| E% | d | | . | | | |
| 운 | e | All other program service revenue | - | | | |
| | | | | | | - |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | | other similar amounts) | 297. | | | 297. |
| | 4 | Income from investment of tax-exempt band proceeds | | | | 457. |
| | 5 | Royalties | · · · · · · · · · · · · · · · · · · · | | | |
| | | (i) Real (ii) Personal | | | | |
| | 6 a | Gross rents | | | | |
| | b | Less. rental expenses | | | | |
| | С | Rental Income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7 a | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | assets other than inventory | | | | • |
| | b | Less: cost or other basis | | | | |
| | | and sales expenses . | | | | |
| | | Gain or (loss) | | | | |
| | | Net gain or (loss) | | | · · · · · · · · · · · · · · · · · · · | |
| a | 8 a | Gross income from fundraising events (not | | | | |
| Revenue | | including \$ of | | | | |
| æ | | contributions reported on line 1c). See | | | | |
| þer | h | Part IV, Irne 18 a Less direct expenses b | | | | |
| ₹ | | Net Income or (loss) from fundraising events | | | | ì |
| | | Gross income from gaming activities. See | | | | - |
| | <i>o</i> a | Part IV, line 19 | | | | |
| | h | Less: direct expenses b | · | | | |
| | | Net income or (loss) from garning activities | | | | |
| | | Gross sales of inventory, less returns | | | | |
| | | and allowances a | | | | |
| | b | Less. cost of goods sold b | | | | |
| | | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11 a | | | | | |
| | b | | | | | |
| | C | | | | | |
| | | All other revenue | | | | |
| | | Total. Add lines 11a-11d | | | | ļ <u>.</u> |
| 33200 | 12 9 | Total revenue. See instructions. | 420,397. | 0. | 0. | |
| 33200 10-29 | 13 | | | | | Form 990 (2013) |

| Secti | on 501(c)(3) and 501(c)(4) organizations must com | | | mplete column (A) | · |
|-------------|--|-----------------------|------------------------------|---|--------------------------------|
| | Check If Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, 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 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 20 275 | 22 625 | 15 750 | |
| _ | trustees, and key employees | 39,375. | 23,625. | 15,750. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| ~ | persons described in section 4958(c)(3)(B) Other salaries and wages | 1,410. | 1,410. | | |
| 7 8 | Pension plan accruals and contributions (include | 1,410. | 1,410. | | |
| • | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 6,092. | 3,655. | 2,437. | |
| 10 | Payroll taxes | 3,006. | 1,804. | 1,202. | |
| 11 | Fees for services (non-employees) | 3,000. | #700±1 | | |
| | Management | | | | |
| b | Legal | 49,624. | 42,513. | 7,111. | |
| c | Accounting | | 12/3231 | 7,7223 | |
| ď | Lobbying | - | | | · |
| ė | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| a | | | | | |
| • | column (A) amount, list line 11g expenses on Sch O.) | 764. | 764. | | |
| 12 | Advertising and promotion | 491. | 491. | | |
| 13 | Office expenses | 4,324. | 2,547. | 1,777. | |
| 14 | Information technology | 152. | 152. | | |
| 15 | Royalties , | | | | |
| 16 | Occupancy | 4,174. | | 4,174. | |
| 17 | Travel | 1,641. | 1,641. | | |
| 18 | Payments of travel or entertainment expenses | ļ | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | <u>5</u> 25. | 525. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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 | FEES (BANK, COMMISSION, | 2,740. | | 2,740. | |
| þ | MEALS & ENTERTAINMENT | 760. | 456. | 304. | |
| c | DUES & SUBSCRIPTIONS | 217. | 217. | | |
| d | TAXES & LICENSES | 83. | | 83. | |
| e | All other expenses | | | | |
| <u>25</u> _ | Total functional expenses. Add lines 1 through 24e | 115,378. | 79,800. | 35,578. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |
| 22201 | 0 10-29-13 | | | | Form 990 (2013) |

332011 10-29-13 Form 990 (2013)

| | 990 (2013) CONSUMERS RESEARCH INC | <u> 22-1500</u> | 498 | Page 12 |
|----|---|-----------------|--------|------------|
| Pa | t XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | _ 1 | 420 | 397. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 115 | 378. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 305 | ,019. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 0. |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 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 | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | |
| | column (B)) | 10 | 305 | ,019. |
| Pa | t XIII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u>L</u> |
| | | | | Yes No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| þ | Were the organization's financial statements audited by an independent accountant? | | 2b | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | li | |
| | consolidated basis, or both. | | 1 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1 1 | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | |] | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | ngle Audrt | | |
| | Act and OMB Circular A-133? | | 3a | X |
| Ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |
| | | | Form 9 | 390 (2013) |

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Sarvice Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMP No. 1545-0047

Inspection

Name of the organization Employer identification number CONSUMERS' RESEARCH INC 22-1500498 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.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 609(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) is the organization (v) Did you notify the (vi) Is the organization in col (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support above or IRC section governing document? (I) of your support? (see instructions)) No Yes Total LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013

332021

Form 990 or 990-EZ.

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) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (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 6 from line Section B. Total Support Catendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross Income from interest, dividends, payments received on securitles 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) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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

332022 09-25-13

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

Schedule A (Form 990 or 990-EZ) 2013

(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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| ınclude any "unusual grants.") | | | 163,298. | | 420,100. | 583,398. |
| 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | 163,298. | | 420,100. | 583,398. |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | 0. |
| 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 | | | t | | · | 0. |
| 8 Public support (Subtract line 7c from fine 6) | | | <u> </u> | | | 583,398. |
| Section B. Total Support | | • | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | | | 163,298. | | 420,100. | 583,398. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | 297. | 297. |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | 297. | 297. |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | <u> </u> | 163,298. | | 420,397. | |
| 14 First five years, If the Form 990 is for | the organization' | s first, second, th | ird, fourth, or fifth ta | ıx year as a secti | on 501(c)(3) organiz | |
| check this box and stop here . | | <u>.</u> | <u> </u> | <u>,</u> | · · · · · · · · · · · · | <u></u> ▶□ |
| Section C. Computation of Publi | | | | | | |
| 15 Public support percentage for 2013 (li | ne 8, column (f) d | livided by line 13, | column (f)) | | 15 | <u>99.95 %</u> |
| 16 Public support percentage from 2012 | | | | ,, ,,,,,,,, | 16 | <u>%</u> |
| Section D. Computation of Inves | | | | | | |
| 17 Investment income percentage for 20 | 13 (line 10c, colu | mn (f) divided by | line 13, column (f)) | | 17 | .05 % |
| 18 Investment Income percentage from 2 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box ar | nd stop here. The | e organization qu | alifies as a publicly s | supported organi | zation | ▶ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| b 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, che | - | | | · · | - | |
| 20 Private foundation. If the organization | | • | • | | · - | ········ [] |
| 932023 09-25-13 | | | or 100h u | | | 30 or 990-EZ) 2013 |
| | | | | | · | |

| Schedule A (Form 990 or 990-EZ) 2013 CONSUMERS' RESEARCH INC | 22-1500498 Page 4 |
|---|-----------------------------|
| Part IV Supplemental Information. 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) | |
| SCHEDULE A PART III SECTION A LINE 1(D) & SECTION B LINE 9(1 | 0) |
| EXPLANATION: CONSUMERS' RESEARCH DID NOT RAISE FUNDS OR HAV | E EXPENDITURES |
| IN 2012, WHICH EXPLAINS WHY IT HAS 0% PUBLIC FUNDS FOR THAT | YEAR. |
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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury

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

Open To Public

| Internal Hovenue Service | - inioimation abo | ut achedule L (Foll | י טפפ ווו | 01 990- | EZ) and its instructions | s is at www.irs.govii | orm990. | Ins | pecti | on | | |
|--|----------------------|---|-----------|------------------|---------------------------|--|----------------------------|----------------|---------------------------|----------------|---------------|--|
| Name of the organization | | | | | | | | icatio | n nu | mber | | |
| (| CONSUMER | S' RESEAR | CH | INC | | | 22-15 | 50049 | 98_ | | | |
| Part I Excess Bendard | efit Transac | tions (section 50 | 01(c)(3 |) and s | section 501(c)(4) orga | anızations only). | | | | | | |
| Complete if the | organization and | swered "Yes" on I | Form 9 | 990, Pa | art IV, line 25a or 25b | o, or Form 990-EZ, P | art V, line 4 | 0b | | | | |
| 1 (a) Name of disqualified | nerson (b) | (b) Relationship between disquali | | | lifled | (c) Description of transaction | | | | (d) Corrected? | | |
| | | person and or | | | 1 ' | , ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | | <u>s</u> | No | |
| JOSEPH COLANGE | LO BO | ARD PRESI | DEN | T E | XECEXCESS : | CEXCESS BENEFIT TR | | | X | | | |
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| (a) Name of interested person | | (b) Relationship between interested person and the organization | | | (c) Amount of assistance | | (d) Type of assistance | | (e) Purpose of assistance | | | |
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Schadule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization CONSUMERS' RESEARCH INC Employer Identification number 22-1500498

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE KNOWLEDGE AND UNDERSTANDING OF ISSUES, POLICIES, PRODUCTS, AND SERVICES OF CONCERN TO CONSUMERS AND TO PROMOTE THE FREEDOM TO ACT ON THAT KNOWLEDGE AND UNDERSTANDING.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: PART VI, 11B 990 REVIEW PROCESS

- THE ORGANIZATION'S EXECUTIVE DIRECTOR IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990. THE ORGANIZATION'S EXECUTIVE DIRECTOR MAY CONFER WITH ACCOUNTANTS AND LEGAL COUNSEL OF THE ORGANIZATION WITH RESPECT TO DRAFTS OF THE FORM 990.
- COPIES OF THE COMPLETED DRAFT FORM 990 (INCLUDING REQUIRED SCHEDULES) WILL BE DISTRIBUTED TO THE AUDIT COMMITTEE IN BITHER ELECTRONIC OR PAPER FORM FOR REVIEW AND APPROVAL. ANY QUESTIONS OR CONCERNS WILL BE NOTED AND ADDRESSED, AND MANAGEMENT STAFF WILL ENSURE THAT CHANGES ARE INCORPORATED INTO THE FORM 990 AS APPROPRIATE.
- COPIES OF THE DRAFT FORM 990 WILL THEN BE DISTRIBUTED TO THE BOARD OF DIRECTORS IN EITHER ELECTRONIC OR PAPER FORM FOR REVIEW AND APPROVAL. QUESTIONS OR CONCERNS WILL BE NOTED AND ADDRESSED, AND MANAGEMENT STAFF WILL ENSURE THAT CHANGES ARE INCORPORATED INTO THE FORM 990 AS APPROPRIATE.
- AFTER ALL INPUT HAS BEEN APPROPRIATELY ADDRESSED, THE FINAL VERSION OF THE FORM 990 (WITH REQUIRED SCHEDULES) WILL BE DISTRIBUTED TO EVERY VOTING MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. THE FINAL FORM MAY BE DISTRIBUTED EITHER IN PAPER OR ELECTRONIC FORM IN ANY MANNER DEEMED APPROPRIATE BY THE ORGANIZATION'S EXECUTIVE DIRECTOR.

332212 09-04-13

Employer identification number Name of the organization CONSUMERS' RESEARCH INC 22-1500498 FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: PART VI, 12C CONFLICT OF INTEREST POLICY (ABBREVIATED VERSION, FULL VERSION AVAILABLE UPON REQUEST) WHENEVER A DIRECTOR OR OFFICER HAS A FINANCIAL OR PERSONAL INTEREST IN ANY MATTER COMING BEFORE THE BOARD OF DIRECTORS, THE BOARD SHALL ENSURE THAT: 1. THE INTEREST OF SUCH OFFICER OR DIRECTOR IS FULLY DISCLOSED TO THE BOARD OF DIRECTORS. 2. NO INTERESTED OFFICER OR DIRECTOR MAY VOTE OR LOBBY ON THE MATTER OR BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT THE MEETING OF THE BOARD OF DIRECTORS AT WHICH SUCH MATTER IS VOTED UPON. 3. ANY TRANSACTION IN WHICH A DIRECTOR OR OFFICER HAS A FINANCIAL OR PERSONAL INTEREST SHALL BE DULY APPROVED BY MEMBERS OF THE BOARD OF DIRECTORS NOT SO INTERESTED OR CONNECTED AS BEING IN THE BEST INTEREST OF THE ORGANIZATION. 4. PAYMENTS TO THE INTERESTED OFFICER OR DIRECTOR SHALL BE REASONABLE AND SHALL NOT EXCEED FAIR MARKET VALUE. THE MINUTES OF MEETINGS AT WHICH SUCH VOTES ARE TAKEN SHALL RECORD SUCH DISCLOSURE, ABSTENTION, AND RATIONALE FOR APPROVAL. CONSUMERS' RESEARCH ENSURES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH PERIODIC INTERNAL MONITORING OF ADHERENCE TO ITS POLICIES AND PROCEDURES AND BY HAVING EMPLOYEES ACKNOWLEDGE AND SIGN THE CONFLICT OF INTEREST POLICY UPON HIRING. VIOLATION OF CONFLICT OF INTEREST POLICY MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: PART VI, SECTION B 15

PROCESS FOR DETERMINING COMPENSATION (NAMELY THE EXECUTIVE DIRECTOR AND KEY

Schedule O (Form 990 or 990-EZ) (2013)

EXPLANATION: WHISTLEBLOWER POLICY (ABBREVIATED VERSION, FULL VERSION

AVAILABLE UPON REQUEST)

CONSUMERS' RESEARCH SEEKS TO HAVE AN "OPEN DOOR POLICY" AND ENCOURAGES

332212
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Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization Employer Identification number CONSUMERS' RESEARCH INC 22-1500498 BOARD MEMBERS AND EMPLOYEES TO SHARE THEIR QUESTIONS, CONCERNS, SUGGESTIONS OR COMPLAINTS REGARDING THE ORGANIZATION AND ITS OPERATIONS WITH SOMEONE WHO CAN ADDRESS THEM PROPERLY. IN MOST CASES, A BOARD MEMBER OR COMMITTEE MEMBER SHOULD PRESENT HIS OR HER CONCERNS TO THE CHAIR OF THE BOARD. THE EXECUTIVE DIRECTOR IS GENERALLY IN THE BEST POSITION TO ADDRESS AN EMPLOYEE'S AREA OF CONCERN. HOWEVER, IF A BOARD MEMBER IS NOT COMFORTABLE SPEAKING WITH THE BOARD CHAIR OR IS NOT COMFORTABLE WITH THE BOARD CHAIR'S RESPONSE, OR IF AN EMPLOYEE IS NOT COMFORTABLE SPEAKING WITH THE EXECUTIVE DIRECTOR OR IF THE EMPLOYEE IS NOT SATISFIED WITH THE EXECUTIVE DIRECTOR'S RESPONSE. THE BOARD MEMBER. COMMITTEE MEMBER OR EMPLOYEE IS ENCOURAGED TO SPEAK WITH ANYONE ON THE BOARD WHOM THE EMLOYEE IS COMFORTABLE IN APPROACHING OR TO DIRECTLY CONTACT THE ORGANIZATION'S OUTSIDE LEGAL COUNSEL, WHOSE CONTACT INFORMATION CAN BE OBTAINED FROM THE EXECUTIVE DIRECTOR. PART VI, SECTION B, 14, SECTION C, 19 EXPLANATION: DOCUMENT RETENTION AND DESTRUCTION POLICY (ABBREVIATED VERSION, FULL VERSION AVAILABLE UPON REQUEST) GENERAL RETENTION IS 7 YEARS, LARGELY WITH THE EXCEPTION OF PERMANENT DOCUMENTS SUCH AS INCORPORATION PAPERS. ACCOUNTS PAYABLE LEDGERS AND SCHEDULES, 7 YEARS. AUDIT REPORTS, PERMANENTLY. CHECKS (FOR IMPORTANT PAYMENTS AND PURCHASES) PERMANENTLY. CONTRACTS, MORTGAGES, NOTES, AND LEASES (EXPIRED) 7 YEARS. CORRESPONDENCE (LEGAL AND IMPORTANT MATTERS) PERMANENTLY. DEEDS, MORTGAGES, AND BILLS OF SALE, PERMANENTLY. DEPRECIATION SCHEDULES, PERMANENTLY. EXPENSE ANALYSES/EXPENSE DISTRIBUTION SCHEDULES, 7 YEARS. YEAR-END FINANCIAL STATEMENTS, PERMANENTLY. INSURANCE RECORDS, CURRENT 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization Employer identification number CONSUMERS' RESEARCH INC 22-1500498 ACCIDENT REPORTS, CLAIMS, POLICIES, AND SO ON (ACTIVE AND EXPIRED), PERMANENTLY. INVOICES (TO CUSTOMERS, FROM VENDORS), 7 YEARS. MINUTE BOOKS, BYLAWS, AND CHARTER, PERMANENTLY. PATENTS AND RELATED PAPERS. PERMANENTLY. PAYROLL RECORDS AND SUMMARIES, 7 YEARS. PERSONNEL FILES (TERMINATED EMPLOYEES), 7 YEARS. RETIREMENT AND PENSION RECORDS. PERMANENTLY. TAX RETURNS AND WORKSHEETS, PERMANENTLY. TIMESHEETS, PERMANENTLY. TRADEMARK REGISTRATIONS AND COPY RIGHTS, PERMANENTLY. WITHHOLDING TAX STATEMENTS, 7 YEARS. EXPLANATIONS AND DESCRIPTIONS TO AMENDED PARTS AND SCHEDULES OF FORM 990 EXPLANATION: SCHEDULE O - EXPLANATIONS AND DESCRIPTIONS TO AMENDED PARTS AND SCHEDULES OF FORM 990. FORM 990, PART I, SUMMARY, LINES 10, 15, 17, 18, 19, 20, 21, AND 22 ARE BEING AMENDED TO REFLECT THE CORRECTED AMOUNTS CARRIED FORWARD FROM THE APPLICABLE AMENDED PARTS AND SCHEDULES OF THE ORIGINALLY FILED TAX RETURN. THE ORIGNALLY FILED TAX RETURN WAS PREPARED WITH INCOMPLETE AND, THEREFORE, INCORRECT AMOUNTS. PART III, LINE 4A AND 4E, PROGRAM SERVOCE EXPENSES AND TOTAL PROGRAM SERVICE EXPENSES ARE BEING AMENDED TO CORRECT THE AMOUNTS FROM \$99,000 TO \$79,800 THAT WAS REPORTED INCORRECTLY ON THE ORIGINALLY FILED TAX RETURN. PART IV CHECKLIST OF REQUIRED SCHEDULES, LINES 25A, 25B AND 26 IS BEING AMENDED TO CHANGE THE RESPONSE TO THESE QUESTIONS TO YES AND TO INCLUDE SCHEDULE L, PART I AND II TO REPORT AN EXCESS BENEFIT TRANSACTION WITH A DISQUALIFIED PERSON THAT WAS INITIALLY DISCOVERED IN 2017. PART VII, SECTION A, LINES 1A, 1B, 1C AND 1D, COLUMN F IS BEING AMENDED

332212 09-04-13

TO CHANGE THE ESTIMATED AMOUNT OF OTHER COMPENSATION FROM THE

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization Employer identification number CONSUMERS' RESEARCH INC 22-1500498 ORGANIZATION AND RELATED ORGANIZATIONS FROM \$7,753 THAT WAS INCORRECTLY REPORTED ON THE ORIGINALLY FILED TAX RETURN TO THE CORRECT AMOUNT OF \$0. PART VIII - STATEMENT OF REVENUE, LINE 1F, 1H AND LINE 3 AND LINE 12 IS BEING AMENDED TO CHANGE THE AMOUNT OF CONTRIBUTIONS FROM \$420,000 TO \$420,100 AND THE AMOUNT OF INVESTMENT INCOME FROM \$459 THAT WAS INCORRECTLY REPORTED ON THE ORIGINALLY FILED TAX RETURN TO THE CORRECT AMOUNT OF \$297, AND TO CORRECT THE THE AMOUNT OF TOTAL REVENUE ON LINE 12 FROM \$420,297 TO \$420,397. PART IX - STATEMENT OF FUNCTIONAL EXPENSES, LINES 5, 7, 9, 10, 11B, 11C, 11G, 12, 13, 14, 16, 17, 19, 24A, 24B, 24C, 24D AND 25, COLUMNS A, B AND C ARE BEING AMENDED TO CHANGE ALL OF THESE AMOUNTS THAT WERE INCORRECTLY REPORTED ON THE ORIGINALLY FILED TAX RETURN TO THE CORRECT AMOUNTS AS SHOWN ON THESE LINES IN COLUMNS A, B AND C OF THE AMENDED TAX RETURN. PART X - BALANCE SHEET, LINE 1, COLUMN B, LINE 2, COLUMN B, LINE 6, COLUMN B, LINE 16, COLUMN B, LINE 17, COLUMN B, LINE 26, COLUMN B, LINE 27, COLUMN B, LINE 33, COLUMN B, AND LINE 34, COLUMN B ARE BEING AMENDED TO CHANGE ALL OF THESE AMOUNTS THAT WERE INCORRECTLY REPORTED ON THE ORIGINALLY FILED TAX RETURN TO THE CORRECT AMOUNTS AS SHOWN ON THESE LINES ON THE AMENDED TAX RETURN. SPECIFICALLY, THE AMOUNT OF ACCOUNTS PAYABLE AND ACCRUED EXPENSES ON LINE 17, COLUMN B WAS OMITTED FROM THE ORIGINALLY FILED TAX RETURN. THE ORIGINALLY FILED TAX RETURN INCORRECTLY CHECKED THAT THE ORGANIZATION FOLLOWED SFAS 117 (ASC 958) INSTEAD OF CHECKING THAT IT DOES NOT FOLLOW SFAS 117 (ASC-958). PART XI - RECONCILIATION OF NET ASSETS, LINES 1, 2, 3, AND 10 ARE BEING AMENDED TO CHANGE ALL OF THESE AMOUNTS THAT WERE INCORRECTLY REPORTED ON THE ORIGINALLY FILED TAX RETURN TO THE CORRECT AMOUNTS AS SHOWN ON 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

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