## EXTENDED TO NOVEMBER 15, 2018

Ferm **990** 

Return of Organization Exempt From Income Tax
Under section 601(c), 627, 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! Department of the Treasury internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

ΑI	ror un	e 2017 calendar year, or tax year beginning and en	naing		
	Check if applicabl			D Employer identifi	cation number
	Addre	CONSUMERS' RESEARCH INC			
	Name chang	Doing business as		22-1	500498
	retum		oom/suite	E Telephone numbe	
	Final return	1901 F CODEEN NW 3	04	, ,	898-0542
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G. Gross receipts \$	871,874.
X	Amen			H(a) is this a group of	
				for subordinates	3?
	pendi	1801 F STREET, NW, SUITE 304, WASHINGTON	N, DC	H(b) Are all subordinates (	ncluded? Yes No
1	Гах-ех	empt status: X 501(c)(3) 501(c)( ) ◀ (Insert no.) 4947(a)(1) or	<b>527</b>	If "No," attach a	list. (see instructions)
		be: WWW.CONSUMERSRESEARCH.ORG		H(c) Group exemption	
_		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1937  r	M State of I spakdomicile: NJ
P	art i	Summary			
R	1	Briefly describe the organization's mission or most significant activities: CONSUS			
Activities & Governance	<b>\</b>	INDEPENDENT EDUCATIONAL ORGANIZATION WHOS	E MIS	SION IS TO	INCREASE
툹	2	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, Ilno 1a)		Pthan 25% of its net a	ssets.
్లే	3	Number of voting members of the governing body (Part VI, Ilno 1a)	<u> </u>		3
æ	4	Number of independent voting members of the governing body (Part VI, line 1b)  Total number of Individuals employed in calendar year 2017 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12	<b>ુ</b>	1/2 4	2
<u>8</u> .	6	Total number of Individuals employed in calendar year 2017 (Fart V, line 2a)	<i>b</i>	<u>5</u>	13
Ž	6	Total number of volunteers (estimate if necessary)		6	0
¥	7 a	Total number of volunteers (estimate if necessary)		<u> 78</u>	
	<u> </u>	Net unrelated business taxable Income from Form 990-T, line 34	<del>700.</del>	7b	0.
	į .		<u> </u>	PYTOL YEAR	Current Year
2	1	Contributions and grants (Part VIII, line 1h)		1,355,005.	720,402.
Ē	1	Togram dorate (Carama Carama C	······	<u>27.650.</u>	27,250.
Revenue		Invoctment income (Part VIII, column (A), lines 3, 4, and 7d)		205.	280.
_	١.	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,025.	123,942.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,383.885.	871,874.
		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.
82		Salarios, other compensation, employee benefits (Part IX, column (A), lines 5-10)		512,269.	513,581.
Expenses		Profossional fundraising fees (Part IX, column (A), line 11o)		0.	0.
នី	ı		<u>0.  </u>	620 001	204 606
_	4	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		630,981.	301,696.
		Total expenses. Add lines 13-17 (must equal Part IX, column (/\), line 25)		1,143,250.	815,277.
To	19	Revenue less expenses. Subtract line 18 from line 12		240,635.	56,597.
ances		Tabel access (Mars M. Para della	86	ginning of Current Year	End of Year
<b>3</b> 28	20	Total assets (Part X, line 16)	·····-	1,109,599.	
Net Asset	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	<del> </del>	51,803. 1,057,796.	
	<u>22</u>   art	Signature Block	<u></u>	1,057,730.	1,140,030.
		illies of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ente and to the heet of o	my knowledge and hellef it is
		it, and complete Declaration of preggrer (other than officer) is based on all information of which			/
11 60	. 001100	2/ Marsell Where	on propero		c/18
Si~	_	Symature of officer			3/ ' '
Sig: Her		Kussell Outhuse Boarn	~c [	DIRECTORS	memben
ПО	•				MBER
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Palo	ı	ALIDA A HAMRICK. CPA Alda a Hamude C	PDA K	4/26/19 seli-emple	<u> </u>
	parer	Firm's name CAMERON. MOBERLY & HAMRICK. PC		Firm's EIN	54-1062809
-	Only	Firm's address 8500 EXECUTIVE PARK AVE, SUITE 4	12	1 11111 0 C114	
	7	FAIRFAX, VA 22031		Phone on 70	3-207-9200
Man	/ the ii	RS discuss this return with the preparer shown above? (see instructions)		3 - 110/10 110: 7	X Yes No
	01 112		ns.		Form <b>990</b> (2017)

Form	990 (2017) CONSUMERS' RESEARCH INC	<u>22-1500498</u>	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. 🗆
1	Briefly describe the organization's mission:		
•	CONSUMERS' RESEARCH IS AN INDEPENDENT EDUCATIONAL ORGAN	TZATTON WHOS	Tr.
	MISSION IS TO INCREASE THE KNOWLEDGE AND UNDERSTANDING		
	PROMOTE THE FREEDOM TO ACT ON THAT KNOWLEDGE AND UNDERS	TANDING.	
2	Did the organization undertake any significant program services during the year which were not listed on the		<del></del>
	prior Form 990 or 990-EZ?	Yes	X 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	X 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	s measured by expenses	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.	, , ,	
4a	120 250		
70	ORGANIZATION PERFORMS RESEARCH, MAINTAINS A NEWS WEBSIT		70 2
	THE RADIO TO INCREASE KNOWLEDGE AND UNDERSTANDING OF IS		
			.E.D,
	PRODUCTS, AND SERVICES OF CONCERN TO CONSUMERS AND TO P	ROMOTE THE	
	FREEDOM TO ACT ON THAT KNOWLEDGE AND UNDERSTANDING.		
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
4b	(Code ) (Expenses \$ 189,957. including grants of \$ ) (Rever	27	250.)
70		1448 \$	
	ORGANTZATION HOSTS CONFERENCE BRINGING TOGRTHER DOLLOW	AND LEGAL	1 2 3 0 1
	ORGANIZATION HOSTS CONFERENCE BRINGING TOGETHER POLICY FYDERTS AS WELL AS MEMBERS OF INDUSTRY TO DISCUSS BRESE		
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4c	EXPERTS AS WELL AS MEMBERS OF INDUSTRY TO DISCUSS PRESE STATE OF DIGITAL CURRENCY INNOVATION AND REGULATION WIT PROTECTING CONSUMERS THAT ARE END USERS OF THESE PRODUCTION  (Coda)(Expenses \$ 323,585. Including grants of \$) (Reverses \$) (Reverses \$)	ENT AND FUTUF THA FOCUS ON CTS.	RE.
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4d	EXPERTS AS WELL AS MEMBERS OF INDUSTRY TO DISCUSS PRESE STATE OF DIGITAL CURRENCY INNOVATION AND REGULATION WIT PROTECTING CONSUMERS THAT ARE END USERS OF THESE PRODUCT  (Coda ) (Expenses 323,585. Including grants of \$ ) (Rove ORGANIZATION PUBLISHES A MAGAZINE TO INCREASE KNOWLEDGE UNDERSTANDING OF ISSUES, POLICIES, PRODUCTS, AND SERVICE CONSUMERS AND TO PROMOTE THE FREEDOM TO ACT ON THAT KNO UNDERSTANDING.  Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$ ) (Rovenue \$	ENT AND FUTURE A FOCUS ON CTS.  THE A FOCUS ON CTS.	RE V
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 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 or for domestic individuals on			
_	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts 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			
2.0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
040		<u></u>		
24a	·			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No", go to line 25a	24a		<u>_x</u>
	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			İ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X	
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? # "Yes," complete			
	Schedule L, Pert 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 "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			$\vdash$
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<del> </del> -	· · · · ·	
2.0	instructions for applicable filing thresholds, conditions, and exceptions)			ļ
а		20-		<u>x</u>
		28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ŀ		
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	İ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	}
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Г
	Part V, line 1	34		X
35a		35a	† — —	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		<del> </del> -
-	within the manning of cooking \$10/5\/10\0 M \$1/00 B consolete Cabadyla D. Bastil Land	35b	1	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	<del>                                     </del>	<del> </del>
JU	If IlVan II annulate Cahadula D. Bud V. Ing. D.			v
~~		36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<b>.</b>		-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	L
		Form	1990	(2017)

Form 990 (2017) CONSUMERS' RESEARCH INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
		Τİ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ı
-	(gambling) winnings to prize winners?	1c	х	
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 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	6а		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<b>6</b> a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	_8_		<b></b> -
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>├</b> ──
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations, Enter:			ļ
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		l	
11_	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		1	l
a				1
b				
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
		12a		<del> </del>
	· · · · · · · · · · · · · · · · · · ·	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	40-		<del></del>
a	Note. See the instructions for additional information the organization must report on Schedule O	13a	<del> </del>	<del> </del>
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
Ø				
_	organization is ilcensed to issue qualified health plans	1		
14a	Did the exponential recover any asymptotic feet indicate any to a series of the target of	14-	$\vdash$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<del> </del>	┼^-
		•	, <b>99</b> 0	1

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. CONSUMERS' RESEARCH - 202-898-0542 1801 F ST NW, WASHINGTON, DC

X Upon request

\_\_\_\_ Another's website

Own website

Other (explain in Schedule O)

Form 990 (2017)	CONSUMERS'	RESEARCH	INC			22-1500498	Page 7		
art VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees	, and independent (	contractors							
Check if Sched	dule O contains a response	or note to any line	in this Pa	rt VII			🗀		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, 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 hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ъте	the organization (W-2/1099-MISC)	organizations (W-2/1099 MISC)	compensation from the organization and related organizations	
(1) COLIN SHEA	2.00								-		
BOARD MEMBER SECRETARY		X		Х	<u> </u>		L	0.	0.	0.	
(2) JOHN BOSWICK	2.00								_	_	
BOARD MEMBER TREASURER		X	$\vdash$	X	<u> </u>		<u> </u>	0.	0.	0.	
(3) RUSSELL OUTHOUSE	2.00	-								_	
OFFICER OF THE BOARD	40.00	├-	ļ	X	<u> </u>	-	_	2,000.	0.	0,	
(4) JOHN MEYER	40.00	ł						120 000		_	
SENIOR RESEARCHER	40.00		⊢	├	├	X	<u> </u>	130,000.	0.	0.	
(5) KYLE BURGESS	40.00	1				x		141,500.	0.	0.	
EXECUTIVE DIRECTOR (6) JOSEPH COLANGELO	40.00	├-		$\vdash$	$\vdash$	┢		141,300.			
FORMER BOARD PRESIDENT & EXECUTIVE D		1	ļ		1		x	30,000.	0.	0.	
										•	
		1_									

Form 990 (2017)

Form 990 (2017) CONSUMER									22-150	<u> </u>	198	Pa	ge 8
Part VII   Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do box offic		(C Posi heck i so per	tion more rean! reato	then o	one h an tse)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISO	other compensation		of	
	related organizations below line)	Individual trustee or director	Institutional trustee	Ощсег	кеу епрюуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	organi			l relate	on ed
		-								4			
			-				L			$\dashv$			
		-	_							$\dashv$			
									$\dashv$				
		_	<u> </u>	 	_	-	_					_	
		_	<u> </u>		<u> </u>					$\dashv$			
				-	_	-				$\dashv$			
		<u> </u>	<u>                                      </u>		-					-+			
1b Sub-total			<u> </u>			 	<u> </u>	303,500.		0.			0.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)						 		303,500		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	1086	e liste	ed a	bove	e) wi	no r	recelved more than \$10	0,000 of reportable				2
3 Did the organization list any former office	r, director, or tn	uste	e, ke	эу өл	mple	yee	, or	highest compensated of	employee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the	sum of reportab	le c								}	3	<u> X</u>	
and related organizations greater than \$1: 5 Did any person listed on line 1a receive or										-	4		<u> </u>
rendered to the organization? If "Yes," co. Section B. Independent Contractors	mplete Schedu	le J	for s	uch	pers	son	<u> </u>			<u> </u>	5	Ĺ	<u>X</u>
Complete this table for your five highest of the organization. Report compensation for	•	•							•	ensa	ation 1	from	
(A) Name and busines								(B) Description of	services	<u> </u>		c) nsatio	n
CREATIVE RESPONSE CONCER 2760 EISENHOWER AVE, ALE							-	PUBLIC RELAT	PIONS		13	6,5	90.
												_	
						<del>-</del>						_	
2 Total number of independent contractors \$100,000 of compensation from the orga		not (	imite	d to	tho	se li 1	ste	d above) who received	more than			000	
											Form	<b>990</b>	2017)

	_	Check if Schedule O contains a re	eanoqse	or note to any line	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
Gifts, Grants illar Amounts	1 a	Federated campaigns	1a					
ह बु	b	Membership dues	1b		:			
A, a	C	Fundraising events	1c					
E E	d	Related organizations	1d					
5, E	e	Government grants (contributions)	10					
i S	1	All other contributions, glfts, grants, and						
혈취		similar amounts not included above	1f	720,402.				
Contributions, and Other Sim	-	Noncash contributions included in lines 1a-1f \$_						
<u>ව මි</u>	h	Total. Add lines 1a-1f			720,402.			<del></del>
.		DDDDDD VIOODS STRAKE		Business Code	27 250			07.050
Program Service Revenue		BRETTON WOODS SUMM		900099	27,250.			27,250.
<i>§</i> ≥	b						<del></del>	
E	c d							<del> </del>
P.S.	u 8							+
F.	_	All other program service revenue						<del>                                     </del>
		Total. Add lines 2a-2f			27,250.			<del></del>
	3	Investment income (including dividen						
		other similar amounts)			280.			280.
i	4	Income from investment of tax-exemp						T
	5	Royalties	<u></u>		1,115.			1,115.
-			Real	(ii) Personal				
- 1	6 a	Gross rents						
1	b	Less: rental expenses						
	С	` '		<u> </u>				
,	d							<del></del>
	7 a		curities	(ii) Other		1		
		assets other than inventory	_	<u> </u>				
	b	Less. cost or other basis		1				
	_	and sales expenses		+				
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraising event					<del></del>	+
her Revenue		including \$		<b>!</b>				
e e		contributions reported on line 1c) Se						
<u>π</u>		Part IV, line 18						
9th	b	Less: direct expenses	b					
٥		Net income or (loss) from fundraising						
	9 a	Gross income from gaming activities.						
		Part IV, line 19						
1		Less direct expenses						
		Net income or (loss) from gaming act		, <b>&gt;</b>	· · ·			
	10 a	Gross sales of inventory, less returns						
		and allowances	a					
		Less: cost of goods sold						
	<u> </u>	Net income or (loss) from sales of inv	entory	<u> </u>				<del></del>
	11 -	Miscellaneous Revenue		Business Code				
	11 a			<del>-  </del>	<del></del>			+
	C			J	<del></del>			<del></del>
		All other revenue		523000	122,827.			122,827.
		Total. Add lines 11a-11d			122,827.			124,04/
	12	Total revenue See instructions.	· · · · · ·	: ; · <b>.</b>	871,874.	0.	n	. 151,472.
73200	9 11-28		Ar., J. 111111.		<u> </u>		<u> </u>	Form <b>990</b> (2017)

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 or note to any line in this Part IX (D) Fundraising expenses (B) Program service (C) (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part iV. line 21 Grants and other assistance to domestic Individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees , ... 2,000 2,000 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 . . . . . . . . . . . . . 463,600 394,188 69,412 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,068 Other employee benefits 16,274. 12,206. 9 31,707.  $7, \overline{927}$ Payroll taxes ..... 23,780. 10 11 Fees for services (non-employees) a Management 33,150, 32,794 b Legal ..... 356. c Accounting ...... 1,558 500 1,058 d Lobbying .. . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees .. ..... Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 11,750. <u>11,750.</u> Advertising and promotion . . . . 133,159 132,409 750 12 16,540 12,189. 4,351 13 Office expenses Information technology 9,109. 14 9,094. 15. Royalties . . .... . . . 15 Occupancy ...... 36,760 36,760 16 14,985 14,985 17 Travel ...... 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 37,409 37,409 20 Interest .... .... . ... 21 22 Depreciation, depletion, and amortization .... 1.118. 23 Insurance 1,118 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.) 3,679 a OTHER MISCELLANEOUS EXP 3,679 MEALS & ENTERTAINMENT 2,033 2,033. c FEES (BANK, COMMISSION, 308. 308 d TAXES & LICENSES 78. 78. 60. e All other expenses 60. 164,378. Total functional expenses, Add lines 1 through 24e 815,277. 650,899. 25 0. 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 hf following SOP 98-2 (ASC 958-720)

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	17,672.	1	33,771.
1	2	Savings and temporary cash investments	100,126.	2	<u>551,868.</u>
1	3	Pledges and grants receivable, net		_ 3	
]	4	Accounts receivable, net	14,957.	4	1,269.
ı	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
1		Part II of Schedule L		5	
	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			
92		employees' beneficiary organizations (see instr). Complete Part II of Sch L	844,376.	6	350,000.
Assets	7	Notes and loans receivable, net		7	
&	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,218.	9	80,576.
Į	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
l	12	Investments - other securities. See Part IV, Ilne 11	129,937.	12	144,374.
1	13	Investments - program related. See Part IV, line 11		13	
ł	14	Intangible assets		14	
Ì	15	Other assets. See Part IV, line 11	1,313.	15	1,313.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,109,599.		1,163,171.
	17	Accounts payable and accrued expenses	51,803.		34,341.
,	18	Grants payable	31)0000	18	31/3110
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	······································	21	
	22	Loans and other payables to current and former officers, directors, trustees,		<del> </del> -	
Liabilities		key employees, highest compensated employees, and disqualified persons			
Ϊ		Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	I be a sound to share and leave a sound to b		24	
	25	Other liabilities (including federal income tax, payables to related third		<del></del> -	
		parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
		School de D		25	
	26	Total liabilities. Add lines 17 through 25	51,803.	26	34,341.
		Organizations that follow SFAS 117 (ASC 958), check here and	31,003.		731734
ø		complete lines 27 through 29, and lines 33 and 34.		ļ	
ğ	27	Unrestricted net assets		27	
alar	28	T	<del> </del>	28	
Š.	29			29	
Š	- "	Organizations that do not follow SFAS 117 (ASC 958), check here		20	
<u>F</u>		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Conital stock or trust present or gurrent funds	0.	30	0.
986	31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
ţ.	ı	Retained earnings, endowment, accumulated income, or other funds	1,057,796		1,128,830
	ומס	- LICLERICA COLUMBIA CITALINATURA ALABAMINING HIGHING OF DILIMI HIGHINGS	エノリンノ・ノブロ・	32	<u> </u>
Š	32	Total and according found before as		20	1 120 020
Š	32 33 34	Total net assets or fund balances  Total liabilities and net assets/fund balances	1,057,796. 1,109,599.		1,128,830. 1,163,171.

	1990 (2017) CONSUMERS' RESEARCH INC	<u> 22-1500</u>	<u>498</u>	Page <b>12</b>
Pa	rt 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	871	,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	56	,597.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1		,796.
5	Net unrealized gains (losses) on investments	5	14	,437.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor 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,			
_	cotumn (B))	10 1	,128	,830.
Ра	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. LL</u>
			\	Yes No
1	Accounting method used to prepare the Form 990: L Cash X Accrual Cther			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
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	d on a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			1
ь	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,	1 1	
	consolidated basis, or both:		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	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 Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	<b>390</b> (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for Instructions and the latest Information.

OMB No 1846-0047

Open to Public

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 12, 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 (Form 990 or 990-EZ).) 3 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 I 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 🗶 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally Integrated. A supporting organization operated in connection with, and functionally Integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Left this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (II) EIN (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other trì your gaverning document? organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

b 33 1/3% support test - 2016. 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

17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization

. . . .

Schedule A (Form 990 or 990-EZ) 2017

. . -- ......

stop here. The organization qualifies as a publicly supported organization . . . . .

and stop here. The organization qualifies as a publicly supported organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ....

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants ")	420,100.	995,000.	1885000.	1355005.	720,402.	<u>5375507.</u>
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					07.050	FF 050
	organization's tax-exempt purpose			978.	27,650.	27,250.	55,878.
3	Gross receipts from activities that	į			ļ		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to					: <b>[</b>	
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge	]			)		
6	Total. Add lines 1 through 5	420,100.	995,000.	1885978.	1382655.	747,652.	5431385.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		'				0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year			<del> </del>			0.
	Public support. (Subtract line 7c from line 6)						5431385.
	ction B. Total Support	<u> </u>	L		1		74313031
$\overline{}$	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	420,100.	995,000.	1885978.	1382655.	747,652.	5431385.
	a Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	297.	383.	837.	1,230.		
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ĺ	1	1	1		
	acquired after June 30, 1975						<u> </u>
	c Add lines 10a and 10b	297.	383.	837.	1,230.	124,222.	126,969.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	420,397.	995,383.	1886815.	1383885.	871,874.	5558354.
14	First five years, If the Form 990 is fo	r the organization'	s first, second, this	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organia	zation,
_		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	_ <del></del>	<b>.</b>
Se	ction C. Computation of Pub	lic Support Pe	rcentage			<del>,</del>	
15	Public support percentage for 2017		-	column (f))		15	<u>97.72 %</u>
16					<del> </del>	16	<u>99.94 %</u>
Se	ction D. Computation of Inve					<del>,</del>	
17			•			17	2.28 %
18	•				•	18	.06 %
19	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box	•	-		• • •	**	لغا⊲
	b 33 1/3% support tests - 2016. If the	<del>-</del>					
	line 18 is not more than 33 1/3%, ch		-	•		_	·· •
20	Private foundation. If the organizati	on did not check a	pox on line 14, 19	a, or 195, check t			
7320	123 10-08-17				Son	ecille a 15-orm 99	በ or 990-F7) 2017

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12b of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D. and complete Part V.)

	Sections /	A, D, and E	. If you checked	12d of Part	I, complete	Sections A	and D,	and (	com
Section	A All Sur	porting	Organizatio	ns					

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
   Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in fine 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ſ		163	110
-	1		
- [			
	2_		
-	<u>3a</u>		
	3b		
	3c_		
	<b>4</b> a		
1			
	46		
į	4c	<b>.</b>	<b> </b>
	5a		<u> </u>
	-		
	5b 5c		
		1	
	6		
	_ <u>*</u> _		<u> </u>
	7_	-	<del></del>
	8		
	9a		<del>  -</del>
	9b		
	35	ļ · · · ·	<b> </b>
	9c	ļ	<u> </u>
	4no		
	10a	<del>                                     </del>	$\dagger$
	10b		Ш.
m £	90 or 9	90-EZ	2017

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	dule A (Form 990 or 990-EZ) 2017 CONSUMERS RESEARCH INC  t IV Supporting Organizations (continued)	22-15004	96 P	age
			Yes	1
11	Has the organization accepted a gift or contribution from any of the following persons?		Ì	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		- [	
	below, the governing body of a supported organization?	118	<u>.  </u>	L.
b	A family member of a person described in (a) above?	111	,	┖
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	;	L
<del>3eC</del>	tion B. Type I Supporting Organizations		Yes	Ti
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		168	۲
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ļ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			-
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		l
2	Did the organization operate for the benefit of any supported organization other than the supported	<del></del>		t
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	}		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ľ
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	Ļ
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
200	the supported organization(s) tion D. All Type III Supporting Organizations		Ш.	L
<del>50</del> C	uon D. Aii Type in Supporting Organizations		Yes	Т
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ	105	ł
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	^		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			十
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	the organization maintained a close and continuous working relationship with the supported organization(s),	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u>-</u>	<del>-  </del>	╁
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		j	
	supported organizations played in this regard.	3		l
Sec	tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government en	trty (see Instructi	ons)	_
2	Activities Test. Answer (a) and (b) below.	r	Yes	1
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
а				
а	those supported organizations and explain how these activities directly furthered their exempt purposes,			
а	how the organization was responsive to those supported organizations, and how the organization determined			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	22		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	2a		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	22		
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
ь 3	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.			
ь 3	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ь 3 а	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		,	
ь 3 а	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	21	,	

Sche	dule A (Form 990 or 990-EZ) 2017 CONSUMERS ' RESEARCH INC			22-1500498 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov 20, 1970 (explain in	Part VI.) See Instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital galn	1		
2	Recoveries of prior-year distributions	2		
3	Other gross Income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or		_	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see Instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
_ с	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of pnor-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting or	rganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2017

Sche Par	dule A (Form 990 or 990-EZ) 2017 CONSUMERS 'RE			2-1500498 Page 7
	on D - Distributions	(a)(o) Supporting Orga	inizations (continued)	Current Veer
	Amounts paid to supported organizations to accomplish exer	mot numeroe	·	Current Year
1	Amounts paid to perform activity that directly furthers exemp		<del></del>	<del></del>
2	organizations, in excess of income from activity	r barbases or supported		
3	Administrative expenses paid to accomplish exempt purpose	os of supported organization		
	Amounts paid to acquire exempt-use assets	os or supported organizations		
<del></del>	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	······································		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	·	·
	(provide details in Part VI). See instructions.	o organization to responding		
9	Distributable amount for 2017 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, If any, to 2017			
a				
b	From 2013			
C_	From 2014			
<u>ď</u>	From 2015		·	
е	From 2016			
f_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			<del></del>
	Carryover from 2012 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7; \$	<u> </u>		
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	'		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See Instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8				
	Excess from 2013			
	Excess from 2014			<del></del>
-	Excess from 2015		<del> </del>	
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CONSUMERS 'RESEARCH INC	22-1500498 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or	17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1	and 2, Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio	/, Section B, line 1e; Part V,
(See instructions )	nai information.
(Constitution)	
SCHEDULE A PART III SECTION A LINE 1(A) & SECTION B LINE 9(	7.
SCHEDULE A PART III SECTION A DIME I(A) & SECTION B DIME 3(	A
CONCURRED A DESCRIPTION DE NOM DE SAN	a TN 0010
CONSUMERS' RESEARCH DID NOT RAISE FUNDS OR HAVE EXPENDITURE	S IN 2012,
WHICH EXPLAINS WHY IT HAS 0% PUBLIC FUNDS FOR THAT YEAR.	
	· · · · · · · · · · · · · · · · · · ·
	<del>_</del>
	<del></del>

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

Name of the organization Employer identification number CONSUMERS' RESEARCH INC 22-1500498 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax Year Total number of conservation easements 2я b Total acreage restricted by conservation easements 2ь .... c Number of conservation easements on a certified histonic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? б Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 **▶**\$ 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)? 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" on 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) Revenue included on Form 990, Part VIII, line 1 . . .... (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

<u>Sche</u>		RS' RESEAR				22-15		
Par	t III   Organizations Maintaining C	collections of A	rt, Historical T	reasures, or Oth	er Simil	ar Asse	ts(continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	signıficant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's or					ose in Parl	t XIII	
5	During the year, did the organization solicit of						_	_
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's o	collection?			Yes	No.
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod		•			_	٦	
	on Form 990, Part X?						_l Yes	L∐ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.					
						-	Amount	
C	Beginning balance				<u>1c</u>			
	Additions during the year				1d	<del> </del>		<del></del> -
_	Distributions during the year							
f On	Ending balance				1 <u>f</u>	<del></del>	٦,,	TT.,
	If "Yes," explain the arrangement in Part XIII.					· · · · <b></b>	∐ Yes	⊩ No
Par		f the organization ar	kpianation has bee newered "Vee" on F	orm 990 Part IV line	. 10		<del></del>	<del></del> .
L <u> </u>	The property and complete	(a) Current year	(b) Prior year	(c) Two years back		years back	(a) Four	warm book
12	Beginning of year balance	(a) Culture year	(b) Frior year	(C) TWO years back	(u) IIII oo	yours vaux	(e) rour	(Bais Dack
	Contributions			·				
	Net investment earnings, gains, and losses				<del>                                     </del>			
	Grants or scholarships				<del>                                     </del>			<del></del>
	Other expenditures for facilities	,			<del> </del>			
·	and programs							
f	Administrative expenses				†···-			
g	End of year balance	·		<del></del>				
2	Provide the estimated percentage of the cur	rent year end haland	e (line 1a. column	(a)) held as:			J	
а	Board designated or quasi-endowment		%	(4)) 11010 401				
b	Permanent endowment	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	•	ation that are held	and administered for	the organ	Ization		
	by:	_					٦	Yes No
	(i) unrelated organizations						3a(ı)	-
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi					3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment funds.					
Pai	t VI _ Land, Buildings, and Equipn						,	
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11a.	See Form 990, Part	X, ine 10.			
	Description of property	(a) Cost or o basis (investi	.   '''	1	Accumulation		(d) Book	value
1a	Land							
	Buildings							
c	Leasehold Improvements				_		-	
	Equipment							
	Other						-	
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line	10c.)		<b>•</b>		0.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 CONSUMERS '	RESEARCH INC		22	-1500498 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			of-year market value
(1) Financial denvatives				
(2) Closely-held equity Interests				
(3) Other		-	<del> </del>	
(A) 1,443.738 SHARES OF STOCK	K .			<del></del>
(B) IN BTCS INC.	144,374	END-OF-Y	EAR MARKET	VALUE
(C)	234/3/2	· LIND OF I	Dill Philips	VALUE
<u>(D)</u>	<del> </del>	<del>                                     </del>		·
<u>(E)</u>				
<u>(F)</u>	+			
(G)				·
(H)	144 274	<del> </del>	<del></del>	<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	144,374	•		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				· ···
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes	" on Form 990. Part IV. line	e 11d See Form 990.	Part X. line 15	
	) Description	<u> </u>	<u> </u>	(b) Book value
(1)	<u>,                                     </u>			
(2)				<u>.</u>
(3)				
		<del></del>		
<u>(4)</u>		<del></del>	<del></del>	
<u>(6)</u>		<del></del>		
		··		
(9)		<del>-</del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) II	ine_15.)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities.				
Complete if the organization answered "Yes	s" on Form 990, Part IV, lin		n 990, Part X, line 25	ō
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			1	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		-	1	
(8)	<del></del>		1	
(9)	<del></del>		1	
	(no 25.)	<del></del>	1	
Total. (Column (b) must equal Form 990, Part X, col (B) (		to the owner to the co	General et et e e e e e	Abat
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions und	ier (114 40 (ASC /40), Chec	ok nere if the text of th		
			Scl	nedule D (Form 990) 2017

hedule D (Form 990) 20				
	ation of Revenue per Audited Financial		enue per Return.	
	ne organization answered "Yes" on Form 990, Part IV		· · · · · · · · · · · · · · · · · · ·	
f Total revenue, gains	, and other support per audited financial statements			
	n line 1 but not on Form 990, Part VIII, line 12:	1 1	1 1	
	(losses) on investments	2a		
	nd use of facilities			
c Recoveries of prior y	ear grants	2c		
d Other (Describe in P	art XIII.)	<u>2d</u>		
e Add lines 2a through	n <b>2d</b>	••	2e	
3 Subtract line 2e from	n line 1			
	n Form 990, Part VIII, line 12, but not on line 1	1 1	i i	
a Investment expense	s not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in P	art XIII)	4b		
c Add lines 4a and 4b			4c	
	ines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XII Reconcilia	ation of Expenses per Audited Financial	Statements With Ex	penses per Return.	
Complete if t	he organization answered "Yes" on Form 990, Part I	V, line 12a.		
1 Total expenses and	losses per audited financial statements		, ,	
2 Amounts included o	n line 1 but not on Form 990, Part IX, line 25.			
	nd use of facilities	2a		
b Prior year adjustmen		اسا		
c Other losses				
d Other (Describe in P		· · · · <del>   </del>		
e Add lines 2a through			2e	
3 Subtract line 2e from			3	
	n Form 990, Part IX, line 25, but not on line 1			
	es not included on Form 990, Part VIII, line 7b	4a		
		· · · · · ·   <del>- 70</del>		
h Other (Describe in P	art XIII 1	45	1 1	
b Other (Describe in P				
c Add lines 4a and 4b			4c	
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme ovide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement by ide the descriptions re	l lines 3 and 4c. (This must equal Form 990, Part I, lii ental Information.	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Supplement ovide the descriptions re	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement by ide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement by ide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement ovide the descriptions re	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement ovide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement by ide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement by ide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement by ide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement by ide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Supplement ovide the descriptions re	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Supplement ovide the descriptions re	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Supplement ovide the descriptions re	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b Total expenses. Add art XIII Supplement by ide the descriptions re	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme ovide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Supplement ovide the descriptions re	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Supplement ovide the descriptions re	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,
c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme ovide the descriptions r	d lines 3 and 4c. (This must equal Form 990, Part I, linental Information. equired for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	2b, Part V, line 4, Part X, line 2;	Part XI,

### SCHEDULE J (Form 990)

# **Compensation Information**

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

Compete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ► Go to www.irs.gov/Form990 for Instructions and the latest Information. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CONSUMERS' RESEARCH INC

Employer Identification number 22-1500498

Pε	rt 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 on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			l
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		, 	ļ
	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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<b></b>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	]		
Ť	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.			
	☐ Written employment contract			
	Independent compensation consultant  X Compensation survey or study	Į .		
	Form 990 of other organizations  X Approval by the board or compensation committee			
	— ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling			
	organization or a related organization	ŀ		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate In, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the revenues of:			1
а	The organization?	5a		x
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of:			
а	The organization?	ва	L.	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			Ī
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			ì
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	В		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	Regulations section 53.4958-6(c)?	<u> </u>		
TH	For Panerwork Reduction Act Notice see the Instructions for Form 000	I /Ear	m 000	1) 2017

CONSUMERS' RESEARCH INC

Schedule J (Form 990) 2017 CONSUMERS RESEARCH INC 22-1500498

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 on 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 aren't 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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retrement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)(D)	in column (B) reported as deferred on prior Form 990
(1) JOSEPH COLANGELO	ε	30,000.	0	0	0	0	30,000.	0
NT & BEECUTIVE D	) <u>(</u>	0		0	0	0.	0	0
(2) RUSSELL OUTHUSE	ε	2,000.		0.	0	0.	2,000.	0
RD	<b>=</b>	0.	0.	0.	0	0.	0	0
	Θ	130,000.	0		0.	0	130,000.	0
HER	<b>E</b>		0		0	0.	0	0
	ε	111,500.	30,000.	0	0	0	141,500.	0
DIRECTOR	(E)	0	0.	0	0.	0	0	0
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(2) THE EXECUTIVE COMMITTEE USES COMPARABILITY DATA, SUCH AS SALARY SURVEYS PROCESS FOR DETERMINING COMPENSATION (NAMELY THE EXECUTIVE DIRECTOR AND KEY (1) AN EXECUTIVE COMMITTEE (COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS (3) THE BOARD OF DIRECTORS DOCUMENTS ITS CONSIDERATION AND APPROVAL OF THE CONTEMPORANGOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION MARKET FROM SIMILAR NONPROFITS (I.E. SIMILAR MISSION FOCUS, BUDGET SIZE, AND NOT EMPLOYED BY THE NON-PROFIT) RECOMMEND THE PROPOSED SALARY OF THE EXECUTIVE DIRECTOR (OR KEY EMPLOYEE) AND THE FULL BOARD OF DIRECTORS REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND SURVEY (GEOGRAPHY) AND SALARY HISTORY WITHIN THAT REGION. COMPENSATION IN THE MINUTES OF THE BOARD MEETING. INDEPENDENTLY REVIEWS AND APPROVES THE SALARY. GEOGRAPHIC REGION). PART I, LINE 3: EMPLOYEES)

31

Schedule J (Form 990) 2017

# SCHEDULE L

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service										Open To Public Inspection				
					1	yer Identification number								
Part I Excess	Pana	ONSUM	ERS	' RESEAR	CH	INC			22-	<u> 150</u>	0049	8		
<del></del>							ion 501(c)(4), and 50 art IV, line 25a or 25b			- 40h				
4								, or Form 990-EZ, Pa	ert v, jine	8 4UC	)	(40	Correc	cted?
(a) Name of disqualified person			(b) Relationship between disqualifi person and organization				(c) Description of transaction					Ye	$\neg$	No
JOSEPH COLA	NGEL	0	FOR	MER BOAR	D F	RES	IDEEXCESS 1	BENEFIT TR	ANSA	CTI	ION	X	_	
								·- ··				$\perp$	_	
					-							+	_	
<del></del>												+-		
2 Enter the amount						or disc	qualified persons dur	ing the year under	_	_				^
section 4958  3 Enter the amount				ahove reimbure		the or				· \$ _				0.
5 Lines the amount	Or tax, i	rany, on a		above, reimbara	eu cy	ine or	ganization	• • • • • • • • • • • • • • • • • • • •		Ψ-				<u> </u>
Part II Loans	to and	or Fron	n Int	erested Per	sons	).	<u>.</u>							
							., Part V, line 38a or F	orm 990, Part IV, lin	e 26; or	ıf the	orga	nizati	on	
reported (a) Name of	an amou	(b) Relation		, Part X, line 5, 6 (c) Purpose	1	2. Dan to or	(e) Onginal	(f) Palance due	(m) le		h) App	roved	(1) 10	ritten
interested person with organ				from the organization?		principal amount	(f) Balance due	dotaulto [b		hickness as I		agree	agreement?	
						From			Yes I	-	Yes	No	Yes	No
JOSEPH COLA	NGEL	FORME	R B	SECURE R	4	X	350,000.	350,000.		X	х		X	
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Total						<del></del>	<b>&gt;</b> \$	350,000.		寸				
Part III Grants	or As	sistance	Be	nefiting Inte	reste	d Pe	rsons.							
			n ansv	wered "Yes" on	Form '	990, P	art IV, line 27							
(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			
		<del></del>	1	<del> </del>						_				
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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) 2017

Schedule L (Form 990 or 990 EZ) 2017 CONSUN			22-1500	498	Page 2
Part IV Business Transactions Involve Complete if the organization answered	ving interested Persons. i "Yes" on Form 990, Part IV, line 28a, 2	8b. or 28c			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
				Yes	No
				<b>_</b>	
				<del>                                     </del>	
				<u> </u>	
· · · · · · · · · · · · · · · · · · ·				+	
Part V Supplemental Information  Provide additional Information for resp	onses to questions on Schedule L (see	Instructions)	· · · · · · · · · · · · · · · · · · ·		
SCHEDULE L, PART I, EXCESS					
A) NAME OF PERSON: JOSEPH					
B) RELATIONSHIP WITH DIS(	QUALIFIED PERSON: FO	RMER BOARD	PRESIDENT 8	×	
EXECUTIVE DIRECTOR					
C) DESCRIPTION OF TRANSAC	CTION: EXCESS BENEFI	T TRANSACT	ION		
(D) CORRECTED? = YES					
(D) CORRECTED: - 1ED					
SCHEDULE L, PART II, LOANS	S TO AND FROM INTERE	STED PERSO	NS:		·············
(A) NAME OF PERSON: JOSEPH	H COLANGELO				
(B) RELATIONSHIP WITH ORGA	ANIZATION: FORMER BO	ARD PRESID	ENT & EXECU	<u> </u>	
DIRECTOR					
(C) DUDDOCE OF LOAM, CECIM	DE DEDAYMENT OF BYOR	CC DENERTH	MD ANC A COT O	\ <b>T</b>	•
(C) PURPOSE OF LOAN: SECUI	RE REPAINENT OF EACE	SS DENEFIT	TRANSACTIO	<u>N</u>	
SCHEDULE L, PART I, LINE :	1,		<del></del>		
IN 2017, CONSUMERS' RESEA	RCH BECAME AWARE THA	T IT ENGAG	ED IN AN EX	CESS	
BENEFIT TRANSACTION WITH !	THE DISQUALIFIED PER	SON IDENTI	FIED IN PAR	TI,	
SECTION 1, LINE (1), COLU	MN (A) OF THIS FORM.	UPON BEC	OMING AWARE	OF	
THE TRANSACTION, CONSUMER	S' RESEARCH SOUGHT P	ROFESSIONA	L ADVICE ON	HOW	
TO PROPERLY ACCOUNT FOR THE	HE TRANSACTION, RECO	VER THE EX	CESS BENEFI	Т,	
PREVENT FUTURE INSTANCES	OF EXCESS BENEFIT TR				
732 132 10-18-17		•	Schedule L (Form 990	or 990-l	E <b>Z)</b> 20

Schedule L (Form 990 or 990-EZ) CONSUMERS' RESEARCH INC 22-1500498 Page 2
Part V Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
Complete this part to provide additional information for responses to questions on schedule L (see instructions).
PRIOR TAX RETURNS AFFECTED BY THE EXCESS BENEFIT TRANSACTION.
REGARDING PART I, SECTION 1, LINE (1), COLUMN (D) OF THIS FORM,
CONSUMERS' RESEARCH HAS CORRECTED THE TRANSACTION IN THE FOLLOWING
WAYS: 1) CONSUMERS' RESEARCH HAS RECOVERED OVER 60% OF THE EXCESS
BENEFIT AND HAS ISSUED AN INTEREST BEARING PROMISSORY NOTE TO SECURE
THE REPAYMENT OF THE OUTSTANDING BENEFIT TO THE DISQUALIFIED PERSON
IDENTIFIED IN PART I, SECTION 1, LINE (1), COLUMN (A) OF THIS FORM; 2)
CONSUMERS' RESEARCH HAS RATIFIED FINANCIAL AND PROCEDURAL PROTOCOLS TO
PREVENT EXCESS BENEFIT TRANSACTIONS IN THE FUTURE; AND 3) CONSUMERS'
RESEARCH HAS WORKED WITH INDEPENDENT PROFESSIONALS TO CORRECT AND AMEND
PAST 990 FILINGS AFFECTED BY THE EXCESS BENEFIT TRANSACTION, WHICH THE
ORGANIZATION HAS PREPARED AND WILL SUBMIT SUBSEQUENT TO THIS 990
FILING.

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

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 11B:

PART VI, 11B 990 REVIEW PROCESS

- 1. 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 EITHER 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 THE FINAL FORM MAY BE DISTRIBUTED EITHER IN PAPER OR ELECTRONIC FORM

IN ANY MANNER DEEMED APPROPRIATE BY THE ORGANIZATION'S EXECUTIVE DIRECTOR.

Schedule O (Form 990 or 990 EZ) (2017) Page 2 Name of the organization Employer identification number CONSUMERS' RESEARCH INC 22-1500498 FORM 990, PART VI, SECTION B, LINE 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 INTERESTS OF THE ORGANIZATION. 4. PAYMENTS TO THE INTERESTED OFFICER OR DIRECTOR SHALL BE REASONABLE AND SHALL NOT EXCEED FAIR MARKET VALUE. 5. 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: PROCESS FOR DETERMINING COMPENSATION (NAMELY THE EXECUTIVE DIRECTOR AND KEY

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REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND

EMPLOYEES)

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Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990 EZ) (2017) Page 2 Employer identification number Name of the organization CONSUMERS' RESEARCH INC 22-1500498 CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION MARKET SURVEY (GEOGRAPHY) AND SALARY HISTORY WITHIN THAT REGION. (1) AN EXECUTIVE COMMITTEE (COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS NOT EMPLOYED BY THE NON-PROFIT) RECOMMEND THE PROPOSED SALARY OF THE EXECUTIVE DIRECTOR (OR KEY EMPLOYEE) AND THE FULL BOARD OF DIRECTORS INDEPENDENTLY REVIEWS AND APPROVES THE SALARY. (2) THE EXECUTIVE COMMITTEE USES COMPARABILITY DATA, SUCH AS SALARY SURVEYS FROM SIMILAR NONPROFITS (I.E. SIMILAR MISSION FOCUS, BUDGET SIZE, AND GEOGRAPHIC REGION). (3) THE BOARD OF DIRECTORS DOCUMENTS ITS CONSIDERATION AND APPROVAL OF THE COMPENSATION IN THE MINUTES OF THE BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 19: AVAILABILITY OF GOVERNING AND FINANCIAL DOCUMENTS TO PUBLIC CONSUMERS' RESEARCH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. INTERESTED PARTIES MAY SUBMIT A REQUEST THROUGH OUR ONLINE CONTACT FORM LOCATED ON THE "CONTACT US" PAGE OF OUR WEBSITE (WWW.CONSUMERSRESEARCH.COM) OR THEY MAY SUBMIT A REQUEST TO CONSUMERS' RESEARCH VIA EMAIL AT INFO@CONSUMERSRESEARCH.ORG. PART VI, SECTION B, 13 WHISTLEBLOWER POLICY (ABBREVIATED VERSION, FULL VERSION AVAILABLE UPON REQUEST) CONSUMERS' RESEARCH SEEKS TO HAVE AN "OPEN DOOR POLICY" AND ENCOURAGES BOARD MEMBERS AND EMPLOYEES TO SHARE THEIR OUESTIONS, CONCERNS, SUGGESTIONS OR COMPLAINTS REGARDING THE ORGANIZATION AND ITS OPERATIONS WITH SOMEONE WHO CAN ADDRESS THEM PROPERLY. IN MOST CASES, A BOARD

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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 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 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 Schedule O (Form 990 or 990-EZ) (2017)

ACCURATELY REPORT INVESTMENTS IN OTHER SECURITIES INCLUDED ON SCHEDULE
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AMENDED TO MOVE THAT AMOUNT OF \$144,374 TO LINE 12, COLUMN B TO

D, PART VII.

SCHEDULE A, PART III, SECTION A, LINE 1A AND LINE 6A ARE BEING AMENDED TO CORRECT THE AMOUNT OF 2013 CONTRIBUTIONS FROM \$420,000 TO \$420,100 AS A RESULT OF AMENDING THE 2013 FORM 990. LINE 1B AND LINE 6B ARE BEING AMENDED TO CORRECT THE AMOUNT OF 2014 CONTRIBUTIONS FROM \$935,000 TO \$995,000 AS A RESULT OF AMENDING THE 2014 FORM 990. LINE 1F IS BEING AMENDED TO CORRECT THE AMOUNT OF TOTAL GIFTS, GRANTS, CONTRIBUTIONS AND MEMBERSHIP FEES RECEIVED FROM \$5,315,407 TO \$5,375,507. LINE 6F AND LINE 8 ARE BEING AMENDED TO CORRECT THE AMOUNT OF TOTAL SUPPORT FROM \$5,370,307 TO \$5,431,385. LINE 2C AND 2F ARE BEING AMENDED TO CORRECT THE AMOUNT OF GROSS RECEIPTS FROM \$0 TO \$978, AND FROM \$54,900 TO \$55,878. LINE 6C IS BEING AMENDED TO CORRECT THE AMOUNT OF 2015 TOTAL FROM \$1,885,000 TO \$1,885,978. SECTION B, LINES 9, COLUMN A, B, C, AND F ARE BEING AMENDED TO CORRECT THE GROSS INCOME CARRIED FROM LINE 6 OF SECTION A. LINE 10A, COLUMN A, B, C AND F, AND LINE 10C, COLUMN A, B, C AND F ARE BEING AMENDED TO CORRECT THE AMOUNT OF INTEREST, DIVIDENDS, PAYMENTS RECEIVED ON SECURITIES, LOANS, RENTS, ROYALITIES AND INCOME FROM SIMILAR SOURCES IN COLUMN A FROM \$459 TO THE CORRECT AMOUNT OF \$297, THE AMOUNT IN COLUMN B FROM \$319 TO \$383, THE AMOUNT IN COLUMN C FROM \$58 TO \$837, AND THE TOTAL IN COLUMN F FROM \$126,288 TO \$126,969. THE TOTAL SUPPORT AMOUNT ON LINE 13 COLUMN A IS BEING CORRECTED FROM \$420,459 TO THE CORRECT AMOUNT OF \$420,397, LINE 13 COLUMN B FROM \$935,319 TO THE CORRECT AMOUNT OF \$995,383, LINE 13 COLUMN C FROM \$1,885,058 TO THE CORRECT AMOUNT OF \$1,886,815, AND THE TOTAL IN COLUMN F FROM \$5,496,595 TO \$5,558,354. SECTION C. LINE 15 IS BEING AMENDED TO CORRECT THE PUBLIC SUPPORT PERCENTAGE FROM 97.70% TO THE CORRECT AMOUNT OF 97.72%. SECTION C, LINE 16 IS BEING AMENDED TO CORRECT THE PUBLIC SUPPORT PERCENTAGE FOR 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization	Employer identification number
CONSUMERS' RESEARCH INC	22-1500498
2016 FROM 99.98% TO THE CORRECT AMOUNT OF 99.94% AS A RES	ULT OF
AMENDING THE 2016 TAX RETURN. SECTION D, LINE 17 IS BEIN	G AMENDED TO
CORRECT THE INVESTMENT INCOME PERCENTAGE FROM 2.30% TO TH	E CORRECT
AMOUNT OF 2,28% AND LINE 18 IS BEING CORRECTED AS A RESUL	T OF AMENDING
THE 2016 TAX RETURN FROM 0.02% TO 0.06%.	