Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

2022
Open to Public Inspection

Department	of the	Treasury
Internal Rev	enue S	ervice

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

Α	For	the 2022 cale	ndar year, or tax year beginning and ending		
В	Che	k if applicable	C Name of organization Consumers Defense	D	Employer identification number
П	Addr	ess change	Doing business as	92	2-0672074
Ħ	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		Telephone number
X	Initia	l return	1801 F St	(2	202) 907-4685
Ħ		eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code		
Ħ		nded return	Washington, DC 20006	G	Gross receipts \$ 175,153.
H		ation pending	F Name and address of principal officer: Will Hild		a group return for subordinates? Yes X No
ш	Applic	ation pending	1801 F St Washington, DC 20006	1	Ill subordinates included?
_				=	o," attach a list. See instructions
		empt status:		┥	
_	Vebsi		os://consumersdefense.com/		p exemption number
_		of organization		2022	M State of legal domicile: WY
P		Summ			
	1	-	cribe the organization's mission or most significant activities:		
ce		See S	chedule 0		
Governance					
/eri	2	Check this	box if the organization discontinued its operations or disposed of more than 25% of its	net assets.	
39	3	Number of	voting members of the governing body (Part VI, line 1a)		3
త	4	Number of	independent voting members of the governing body (Part VI, line 1b)		
ies	5		er of individuals employed in calendar year 2022 (Part V, line 2a)		5 1
Activities	6		er of volunteers (estimate if necessary)		6 0
Υcti	1		ated business revenue from Part VIII, column (C), line 12		7a 0.
•	1		ed business taxable income from Form 990-T, Part I, line 11		7b 0.
	<u> </u>	y mot annotat		r Year	Current Year
Revenue	8	Contributio	ns and grants (Part VIII, line 1h)	i i cai	175,153.
	9		ervice revenue (Part VIII, line 2g)		173,133.
	1	_			
eve	10		income (Part VIII, column (A), lines 3, 4, and 7d)		
œ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		155 150
	12		ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		175,153.
	13		similar amounts paid (Part IX, column (A), lines 1-3)		100,000.
	14		id to or for members (Part IX, column (A), line 4)		
ģ	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)		16,694.
Expenses	16	a Profession	al fundraising fees (Part IX, column (A), line 11e)		
be		b Total fundr	aising expenses (Part IX, column (D), line 25)		
ш	17	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,500.
	18	Total exper	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		118,194.
	19	Revenue le	ss expenses. Subtract line 18 from line 12		56,959.
-se			Beginning o	f Current '	
ets c	20	Total asset	s (Part X, line 16)		56,959.
Ass d Ba	21		ies (Part X, line 26)		
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20		56,959.
	art		ure Block		
			ury, I declare that I have examined this return, including accompanying schedules and statements, ar	d to the bes	t of my knowledge and belief, it is
	•		olete. Declaration of preparer (other than officer) is based on all information of which preparer has an		
	, 551	root, and com	nata. Bookaration of property (other than other) to become of all fill of the triben property flat and	, itriowrougo	<u>·</u>
Çi	gn	Signature of c	fficer	Date	
	_	=			
П	er e		ild, Executive Director		
_		· · · · · · · · · · · · · · · · · · ·	ype preparer's name Preparer's signature Date		Check V if PTIN
	aid	L_			onesk 🔼 "
Pı	epa		ard Sckolnik		self-employed P01064967
U	se C		name Howard Sckolnik		EIN 47-5028428
		Firm's	address 8203 E Sierra Pinta Dr Scottsdale, AZ 8525	5 Phone r	no. (602) 524-0974
May	the /	IRS discuss	this return with the preparer shown above? See instructions		Yes No

Form	990 (2022) Consumers Defense			92-0672074 Page 2
Par	III Statement of Program Service Ac	complishments		
	Check if Schedule O contains a response or n	ote to any line in this Parl	:III	
1	Briefly describe the organization's mission:			
	See schedule O			
2	Did the organization undertake any significant progra	m services during the year	ar which were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule C			
3	Did the organization cease conducting, or make sign	=		
	services?			Yes 🔀 No
4	If "Yes," describe these changes on Schedule O.	liabmente for each of its	three largest program conject, as massured	by
4	Describe the organization's program service accomp expenses. Section 501(c)(3) and 501(c)(4) organization			•
	the total expenses, and revenue, if any, for each proc		t the amount of grants and anocations to other	513,
4a			100,000.) (Revenue \$)
	The Organization engaged			through
	creation of a website to			
	of an ESG Legislation Tra	cker; drafti	ng and sharing of mod	lel
	legislation; and grantmak	ing to other	organizations.	
4h	(Code:) (Expenses \$	including grants of \$) (Revenue \$	١
76	(σοσε) (Εχρεπισέου ψ	including grants or $\psi_{\underline{}}$) (πονοιίαο ψ	/
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	, (====		, /(====================================	
44	Other program services (Describe on Schedule O.)			
-tu	(Expenses \$ including grants of \$;) (Revenue \$)
4e	Total program service expenses		, , , , , , , , , , , , , , , , , , , ,	112,500.

Form 990 (2022) Consumers Defense Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3,7
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		Λ
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			41
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-10		21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	

Form 990 (2022) Consumers Defense Part IV Checklist of Required Schedules (continued)

			Yes	No
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 2? 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 and former officers, directors, trustees, key employees, and highest compensated			.,
24 -	employees? If "Yes," complete Schedule J	23		_X_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or			
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity	27		v
28	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			
	If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	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 contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1	34		v
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	55a		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		<u> </u>
	Establic municipality (1990)		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 on line 1a. Enter -0- if not applicable			
С	winnings to prize winners?	1c	х	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	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?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c		
d				
e e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 14 a	Enter the amount of reserves on hand	14a		х
14 a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	140		
	or excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) Consumers Defense ·0672074 Page 6 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI \mathbf{X} Section A. Governing Body and Management Yes No **1 a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 5 X 6 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X **b** Each committee with authority to act on behalf of the governing body?............. X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13............. 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c 13 13 X 14 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official............... 15a X X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

20

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any rela	ted or	gar	nizat	tion	com	pen	sated any currer	t officer, directo	r, or trustee.
		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do n	ot ch	eck r	more	than o	ne	Reportable	Reportable	Estimated amount
	hours per week	box, ι	unles	ess person is both an				compensation from the	compensation from related	of other compensation
	(list any		r and		_	or/truste		organization (W-2/	organization (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related	/idua	tutic	er	emp	nest	ner	1099-NEC)	1099-NEC)	related organizations
	organizations below	al tr	nal		oloy	ě com				
	dotted line)	uste	trust		Эe	lpen				
		Ι Φ	ee.			sate				
						ڭ ا				
(1) Will Hild	15.00									
President/Treas./Dir.	13.00	x		x				12,500.		
(2) Keith Lamphier	01.00							12/300.		
Secretary/Director		x		x				1,500.		
(3) Alexander McCobin	01.00									_
Vice Pres./Director		x		x				1,500.		
(4)								·		
(5)										
(6)										
(=)										_
_(7)										
(0)										
(8)										
(9)										
(3)										
(10)										
(1.0)										
(11)										
<u>. , , , , , , , , , , , , , , , , , , ,</u>										
(12)										_
		<u> </u>								
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	ploy	yee	s, a	nd H	ighe	est Compensate	ed Employe	es (conti	nued)	
		(C)										
(A)	(B)			Pos	ition			(D)	(E)		(F)	
Name and title	Average	Ι`				than c		Reportable	Reportable		stimated a	
	hours per week (list any	l ′		•		is both		compensation from the	compensation from related	I .	of othe	
	hours for	_			_	or/trust		organization (W-2/	organization (V	I .	from th	
	related	Individual or director	Insti	Officer	Key	Highest co	Former	1099-MISC/	1099-MISC		rganizatio	
	organizations	/idu	tutic	ĕ	em	nest	ner	1099-NEC)	1099-NEC)) rela	ated orgar	nizations
	below dotted line)	Individual trustee or director	Institutional truste		Key employee							
	"""	uste	trus		ee) per						
		0	tee			Highest compensated employee						
74.50						ed	<u> </u>					
(15)												
(16)										-		
(10)												
(17)												
(11)												
(18)												
<u> </u>												
(19)												
(20)												
(21)												
·												
(22)												
(00)							<u> </u>					
(23)												
(24)												
(24)												
(25)												
1b Subtotal								15,500.				
c Total from continuation sheets to Pa	art VII, Sec	tion A	Δ.									
d Total (add lines 1b and 1c)								15,500.				
2 Total number of individuals (including l	out not limit	ed to	tho	se	iste	d abo	ove)	who received m	ore than \$10)0,000 d	of	
reportable compensation from the orga	nization											
										_	Ye	s No
3 Did the organization list any former offic				-			ee, o	or highest comp	ensated			
employee on line 1a? If "Yes," complete											3	X
4 For any individual listed on line 1a, is the organization and related organizations grant and related organizations.					•			•		tne		
	eater than	φ 13U	,000	וו יינ	Υ (es, c	OITI	piete Scriedule J	ior sucri		1	1,,
individual	 or accrue co	 .mna	 nea	 tion	fro	 m an	 Vur				4	X
for services rendered to the organization											5	v
Section B. Independent Contractors			1010	-	700		70,				<u> </u>	X
1 Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acto	ors that received	more than \$	100,00	0 of	
compensation from the organization. Rep												i
tax year.								(D)	-		(C)	
(A) Name and business address								(B) Description of se	ervices	Con	(C) npensatio	on
								•				
2 Total number of independent control to	/includia	but =	O4 11	m :1	مط د	0 th -	 	atad abays \				
2 Total number of independent contractors received more than \$100,000 of compen							o€ II	sieu above) who	'			
			. 5									

Form 990 (2022) Consumers Defense Part VIII Statement of Revenue

		Check if Schedule O cor	ntain	s a response or no	te 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
ýσ	12	Federated campaigns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
G m		Fundraising events							
fts, r A		ŭ							
, Gi		Related organizations . Government grants (cont)							
Sin	e	• •		· -					
utic 1er	f	All other contributions, gif	_		175 152				
rib et l		and similar amounts not i							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inc				175,153.			
	- "	Total. Add lines 1a–1f.		· · · · · · · · · · · · · · · · · · ·	Business Code	175,155.			
Program Service Revenue	2a				Business code				
Reve	b								
Ce F									
ervi	C C								
шS	d								
gra	e f	All other program service		20116					
Pro		Total. Add lines 2a-2f							
	3	Investment income (inclu							
		and other similar amounts	-						
	4	Income from investment							
	5	Royalties							
				(i) Real	(ii) Personal				
	6a	Gross rents	6a	()	()				
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
	d	Net rental income or (loss	<u> </u>						
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
		and sales expenses	7b						
	С	Gain or (loss)	7c						
	d	Net gain or (loss)		<u></u>					
<u>e</u>									
Other Revenue	8a	Gross income from fundr		_					
Rev		events (not including \$							
er		of contributions reported							
ott		See Part IV, line 18							
		Less: direct expenses .							
		Net income or (loss) from		_					
	9а	Gross income from gamin	-						
		See Part IV, line 19							
		Less: direct expenses . Net income or (loss) from							
		Gross sales of inventory,	-	_					
	iva	returns and allowances							
	h	Less: cost of goods sold							
		Net income or (loss) from							
	Ť	The state of the s	· Jun	22	Business Code				
Miscellaneous Revenue	11 a								
ane	b								
scellaneo Revenue	С								
Mis R	d	All other revenue							
_	е	Total. Add lines 11a-11d							
	12	Total revenue. See inst	ructi	ons	<u></u>	175,153.			

	Check if Schedule O contains a response or note to any	line in this Part IX	<u> </u>	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, 7b, 8b, 9b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		,		
	and domestic governments. See Part IV, line 21	100,000.	100,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,		- 1		
	lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,				
	and key employees	15,500.	12,500.	3,000.	
6	Compensation not included above to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
_	described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
۵	401(k) and 403(b) employer contributions)		+	+	
9 10	Other employee benefits	1,194.	+	1,194.	
11	Fees for services (nonemployees):	1,194.		1,194.	
	Management				
_	Legal				
	Accounting				
	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 Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,500.		1,500.	
14	Information technology	,		,	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above.				
	(List miscellaneous expenses on line 24e. If line 24e amount				
	exceeds 10% of line 25, column (A), amount, list line 24e				
_	expenses on Schedule O.)				
a b			+	+	
C			+	+	
d					
	All other expenses		+	+	
25	Total functional expenses. Add lines 1 through 24e	118,194.	112,500.	5,694.	
26	Joint costs. Complete this line only if the organization	110,197.	112,300.	J, 094.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check				
	here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash — non-interest-bearing		1	56,959.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
SS	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	56,959.
	17	Accounts payable and accrued expenses		17	·
	18	Grants payable		18	
	19	Deferred revenue		19	
S	20	Tax-exempt bond liabilities		20	
Ę	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or			
<u>a</u>		founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
		not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
es		Organizations that follow FASB ASC 958, check here			
2		and complete lines 27, 28, 32, and 33.			
<u>=</u>	27	Net assets without donor restrictions		27	
Ä	28	Net assets with donor restrictions			
Б				28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here			
ō		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	56,959.
Net Assets	32	Total net assets or fund balances		32	56,959.
Ż_	33	Total liabilities and net assets/fund balances		33	<u>56,959.</u>

Part	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		17	5,1	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2		118	3,1	94.
3	Revenue less expenses. Subtract line 2 from line 1	3		5	6,9	<u>59.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5	6,9	59.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O	Э.				
2 a	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 or	n a se	eparate			
	basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	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 separate by	oasis,	consolidated			
	basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	theUniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3b		
UYA				Form	990	(2022)

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047
2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Employer identification number Name of the organization Consumers Defense 92-0672074 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (a) Name and address of organization (c) IRC section (d) Amount of cash (b) EIN (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1) Heritage Action forAmerica 214 Massachusetts Ave NE Ste. 400 Washington, DC 200 27-2244700 501 (C) (4) 100,000. General Support (2)(3) (4) (5) (6) (7) (8)(9) (10)(11)(12)0

Schedule I (Form 990) 2022 Consumers Defense 92-0672074 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information.	Provide the information	on required in Pai	t I, line 2; Part III, c	olumn (b); and any other a	additional information.

SCHEDULE O (Form 990)

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.

or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Open

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Consumers Defense 92-0672074
Part III Exempt Purpose
Consumers' Defense is a 501c4 nonprofit organization whose mission is to
Part III Exempt Purpose
increase the knowledge and understanding of issues, policies, products, and
Part III Exempt Purpose
consider of concern to concurrent and to promote the freedom to get on
services of concern to consumers and to promote the freedom to act on
Part III Exempt Purpose
that knowledge and understanding.

Schedule O (Form 990) 2022 Page **2**

Concedic O (1 of the coop) 2022	r age 💻						
Name of the organization	Employer identification number						
Consumers Defense	92-0672074						
Part VI Line 11b							
A draft of the return is provided to members of the gove	rning board for						
Part VI Line 11b							
their review and comments prior to filing.							
Part VI Line 12c							
At the annual meeting the conflict of interest policy is reviewed.							
Part VI Line 15a or b							
Independent directors approve the President's compensation.							
Part VI Line 19							
These documents are not made available.							