Form 990 Ret

Department of the Treasury

Internal Revenue Service

PUBLIC COPY

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.

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

OMB No. 1545-0047

Open to Public Inspection

Form 990 (2023)

A	For	the	2023 calend	ar year, or tax	x year begini	ning		, 2023, a	and end	ing		, 20		
В	Chec	ck if a	pplicable:	C Name of organ	nization Cor	sumers' Rese	arch Inc				D Emplo	oyer identificati	on numl	per
X	Addr	ess cl	hange	Doing busines	ss as	*						22-1500	498	
		e cha				if mail is not delivered to	street address)		Room/su	ite	E Teleph	none number		1
		l retur		200.00000 000	soone Bou		,			500		(202) 89	8-05	42
			n/terminated			country, and ZIP or foreign	n nostal code				G Gross	THE RESERVE OF THE PERSON NAMED IN		
Ħ			return		, VA 221		ii pootai oodo			4	\$,152	.438
$\overline{}$				F Name and add			l Outhuse			H(a) Is this a s		for subordinates?	Yes	X No
Ш	Appli	icatioi	n pending				Louchuse			H(b) Are all s			Yes	□ No
	_			501(c)(3)	s C above		1,017(2)(1)	.07		1		st. See instruction		☐ 140
				501(c)(3)	501(c) () (insert no.)	4947(a)(1) or 5	27					15	
		site:	N/A				T.			H(c) Group e				
			The second secon	Corporation	Trust Asso	ciation Other	<u> </u>	Year of formati	ion: 193	37 M S	tate of leg	al domicile: T	ΝY	
Pa	art		Summar	E										
						on or most significar						ependent		
9			<u>educatio</u>											
Activities & Governance			e the fr	:eedo	m to									
err						understandin								
ò							ations or disposed of							
ංජ				-	-	ning body (Part VI, I					3			3
es				•	_	-	ody (Part VI, line 1b)				4			0
Ϋ́		5	Total numbe	r of individuals	employed in	calendar year 2023	(Part V, line 2a)				5			5
Ċţi		6		r of volunteers		• •					6			2
4		7a	Total unrelat	ed business re	evenue from F	Part VIII, column (C)	, line 12				7a			0
	\perp	b	Net unrelate	d business tax	able income	from Form 990-T, Pa	art I, line 11				7b			0
										Prior Year		Curre	nt Year	
		8	Contribution	s and grants (F	Part VIII, line	1h)				10,422	,125	8	,151	,231
ine		9	Program ser	vice revenue ((Part VIII, line	2g)								0
Revenue	1	10	Investment i	ncome (Part V	'III, column (A), lines 3, 4, and 7d))				611			549
Re	1	11	Other revenu	ue (Part VIII, c	olumn (A), lin	es 5, 6d, 8c, 9c, 10d	c, and 11e)				538			658
	1	12	Total revenu	e - add lines 8	through 11 (r	must equal Part VIII,	, column (A), line 12)			10,423	,274	8	,152	,438
	T	13	Grants and s	similar amount	ts paid (Part I	X, column (A), lines	1-3)			1,370	,000	1	,022	,620
		14	Benefits paid	to or for mem	nbers (Part IX	, column (A), line 4)								0
	1.	15	Salaries, oth	er compensati	ion, employee	e benefits (Part IX, c	column (A), lines 5-10)		830	,013		919	,292
Expenses	1.	16a	Professional	fundraising fe	es (Part IX, c	olumn (A), line 11e)								0
en						umn (D), line 25)		261,898						
X		17	Other expen	ses (Part IX, c	column (A), lin	es 11a-11d, 11f-24e	e)			6,315	,549	8	,030	,791
	1	18	Total expens	es. Add lines	13-17 (must	equal Part IX, colum	nn (A), line 25)			8,515	,562	9	,972	,703
	1	19								1,907	,712	(1	,820	,265)
	es								Begi	nning of Curre	ent Year	End o	of Year	
ets	au 2	20	Total assets	(Part X, line 1	6)					2,731	,806		944	,582
Ass	B	21	Total liabilitie	s (Part X, line	26)					390	,730		423	,771
Net Assets or	Ē 2	22	Net assets of	r fund balance	es. Subtract li	ne 21 from line 20				2,341	,076		520	,811
THE REAL PROPERTY.	art	II	Signatu	re Block										
Und	der pe	enaltie	es of perjury, I de	clare that I have ex	xamined this retu	n, including accompanyin	ng schedules and statement	ts, and to the be	st of my kn	owledge and b	elief, it is			
true	e, con	rect, a	and complete. De	claration of prepar	rer (other than off	cer) is based on all inform	ation of which preparer has	s any knowledge	;.		1.	= . = . = .		
			Russ	ell Outhu	se Kuk	well Uroth	me				1	1/15/202	.4	
Sig	ın		Signature of office		•						Da	te		
He	re		Russ	ell Outhu	se, Pres	ident								
		Ī	Type or print na											
			Print/Type pre	eparer's name		Preparer's signature		Date		Check	if	PTIN		
Pa	id		John Mu	ıllins		John Mullins		11-15-20)24	self-em	ployed	P01429	9307	
		arer			Mullins,					Firm's EIN				
	-	Only	_			consin Avenue)			Phone no.				
		•				MD 20814					202-	770-6371		
May	the	e IRS	discuss this			own above? See ins	structions					X Y	es [No

For Paperwork Reduction Act Notice, see the separate instructions.

9,031,590

4e

Total program service expenses

3) Consumers' Research Inc Checklist of Required Schedules Part IV

			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	х	
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		x
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		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١		
	complete Schedule D, Part VI	11a	X	
r	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
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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		7.7
,	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f		116		^
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
124	Schedule D, Parts XI and XII	12a	x	
b				
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b		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	

3) Consumers' Research Inc Checklist of Required Schedules (continued) Part IV

			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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	Х	
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 (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule	27		X
20	L, 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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
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 noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	31		X
55	19? Note : All Form 990 filers are required to complete Schedule O · · · · · · · · · · · · · · · · · ·	38	x	
Par		_ 55	_ ^	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			П
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management

-	out of A. Coverning Body and Management		1.,	
4.	E-1-4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_		
	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			
h	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		_ X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		<u>x</u>
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		X
7a	one or more members of the governing body?	7.		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
b	stockholders, or persons other than the governing body?	76		
		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a	The governing body?	8a	X	
ь 9		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			.,
Sac	the organization's mailing address? If "Yes," provide the names and addresses on Schedule 0	9		X
000	This Section B requests information about policies not required by the internal Nevenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	162	
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		_ X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa	_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120		
·	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by		-A	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	<u></u> -	х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion 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.			
	Own website Another's website X Upon request 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The Organization (202)898-0542, 8300 Boone Boulevard, Suite 500, Vienna, VA 22182			

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Page 7

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 the instructions for definition of "key employees."
- 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, box 6 of 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.

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

See instructions for the order in which to list the persons above.

		(C)								
(A)	(B)	(B) Position (do not check more than one Average box, unless person is both an						(D)	(E)	(F)
Name and title								Reportable	Reportable	Estimated amount
Name and the	hours	box, unless person is bour an						compensation	compensation	of other
	per week							from the	from related organizations (W-2/	compensation from the
	(list any hours for	or In	lns	JO	Ke	Hi _i en	Fo	organization (W-2/ 1099-MISC/	1099-MISC/	organization and
	related	direc	stituti	Officer	Key employee	ghes nploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tr	onal		Yoldı	t cor	Ċ			
	below	Individual trustee or director	Institutional trustee		ee	nper				
	dotted line)	Φ	tee			Highest compensated employee				
						۵				
_(1)will_Hild	40.00									
Executive Director		х		х				190,025	0	25,428
(2)Clark Ruper	40.00									
Director of Operations						Х		176,125	0	20,207
_(3)Beau_Brunson	40.00									
Dir of Policy & Regulatory Affairs						Х		148,837	0	31,359
(4)John Meyer	30.00									
Senior Researcher						х		130,000	0	0
_(5)Terry_LPricket	1.00									
Director		Х						12,000	0	0
(6)Russell Outhuse	1.00								_	_
President		Х		х				12,000	0	0
_(7)										
(0)										
_(8)										
(9)										
_(a)										
(10)										
<u>(10)</u>	 									
(11)										
1.7										
(12)										
<u>\</u>										
(13)										
<u></u>										
(14)										
	F	1								

(A) Name and title	(B) (C) Position (do not check more than obox, unless person is bot officer and a director/trus per week (list any					s both a	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	sc/	orga	nization a	
<u>(15)</u>													
<u>(16)</u>													
(17)													
(18)													
(19)													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
<u>(25)</u>													
1b Subtotal	tion A .							668,987		0		76,9	94
2 Total number of individuals (including but n reportable compensation from the organiza		thos	e lis	ted	abo	ove) w	vho	received more t	nan \$100	,000 of			4
3 Did the organization list any former officer, direct	or, trustee, ke	ey emp	oloye	e, o	r hig	jhest c	omp	pensated				Yes	No
employee on line 1a? <i>If "Yes," complete Schedule</i>For any individual listed on line 1a, is the sum of r											3		х
organization and related organizations greater that	•												
individual				 	· ·	· · ·	···	zation or individual			4	х	
for services rendered to the organization? <i>If "Yes</i> ,	•					_					5		х
Section B. Independent Contractors												I.	
 Complete this table for your five highest co compensation from the organization. Report 	•											s tax y	ear.
(A)								(B)		_	(C)		
Name and business addres								Description of service	es		Compens		
Fusion Law Firm, 7600 N. 15th St., Su				ΑZ			Leg					87,9	
Jones Day, 51 Louisiana Ave NW Washin Rigel Strategies LLC, 3049 egacu Drov				. Б	1		Leg Med					23,4 230,3	
Gibson, Dunn & Crucher LLP, 1050 Conn							Leg					11,4	
Integrated Media Campaigns LLC, 1390							Med					56,6	
2 Total number of independent contractors (in received more than \$100,000 of compensa	ncluding bu	t not l	imit	ed t	o th	ose li	iste	d above) who	5				
FFA											Form	990 (2023/

-01111 990 (2023)	Consumers' Research Inc			22-15004	98 Page 9
Part VIII	Statement of Revenue				_
	Check if Schedule O contains a response or note to any	line in this Part \	/III		
		(A)	(B)	(C)	(D)

					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Turiouon rovondo	baoiness revenue	sections 512–514
	1a	Federated campaigns	1a					
"	b	. •	1b					
ant	c	•	1c					
ລູ ຄູ	d		1d					
fts, 'Ar		_	1e					
<u>a</u> <u>ē</u>	e		16					
Sin	f	All other contributions, gifts, grants, and similar amounts not included above	4.5					
outi her			1f	8,151,231				
텵ᅙ	g	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts	_	<u>-</u>	1g \$					
	h	Total. Add lines 1a-1f			8,151,231			
			_	Business Code				
9	2a		_					
Program Service Revenue	b		_					
Se	С		_					
am eve	d		_					
P. S.	е		_ L					
<u>P</u>	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, intere	est. and	d				
		other similar amounts)			549			549
	4	Income from investment of tax-exempt bond p	ds					
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a		("," =======				
	l	Less: rental expenses 6b						
	l	Rental income or (loss) 6c						
	l	Net rental income or (loss)						
		` ′						
	7a	Gross amount from (i) Securities	_	(ii) Other				
		sales of assets other than inventory 7a						
		· -						
Φ	В	Less: cost or other basis						
Revenue		and sales expenses 7b						
eve	l	Gain or (loss)						
_		Net gain or (loss)						
Othe	8a	Gross income from fundraising						
Ŏ		events (not including \$						
		of contributions reported on line						
		, ·	8a					
	l	· .	8b					
	С	Net income or (loss) from fundraising events						
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		•	10a					
	b	Less: cost of goods sold	10b					
	l							
		·	E	Business Code				
ns	11a	Other	90	0099	658	658		
scellanoı Revenue	b							
ella ver	С		$-\vdash$					
Miscellanous Revenue	d	All other revenue	.					
Σ	е	Total. Add lines 11a-11d			658			
	12	Total revenue. See instructions			8,152,438	658	0	549

Form 990 (2023) Consumers' Research Inc Part IX Statement of Functional Expenses

Section 5	01(c)(3) and 501(c)(4) organizations must complete all columns	a. All other organizations must complete column (A).

	Check if Schedule O contains a response or r	note to any line in th	is Part IX		<u>X</u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,022,620	1,022,620		
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	214,025	107,013	53,506	53,506
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	546,450	350,712	154,869	40,869
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,646		14,646	
9	Other employee benefits	91,059		91,059	
10	Payroll taxes	53,112		53,112	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,121,298	5,096,925		24,373
С	Accounting	77,600		77,600	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	180,063		100,206	79 , 857
12	Advertising and promotion	632,506	628,461		4,045
13	Office expenses	105,585		55,980	49,605
14	Information technology	21,533	5,837	9,859	5 , 837
15	Royalties				
16	Occupancy	3,619		3,619	
17	Travel	108,486	105,499	259	2,728
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,979	3,775	7,126	1,078
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	700		700	
23	Insurance	2,412		2,412	
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.)				
а	Media Campaign	1,710,748	1,710,748		
b	Dues & Subscriptions	54,262		54,262	
C					
d	All officers and the second sec				
е	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24e	9,972,703	9,031,590	679,215	261,898
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
		l l			

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
		Cook non-interest hooring	Beginning of year		End of year
	1	Cash - non-interest-bearing	1,865,932	1	550,016
	2	Savings and temporary cash investments	699,483	2	5,683
	3	Pledges and grants receivable, net		3	260,000
	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			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	135,000	6	95,000
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges	19,242	9	23,748
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,536			
	b	Less: accumulated depreciation	10,836	10c	10,135
	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	1,313	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,731,806	16	944,582
	17	Accounts payable and accrued expenses	390,730	17	423,771
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		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	390,730	26	423,771
40		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	2,341,076	27	520,811
Ва	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
Ţ		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Asŧ	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	2,341,076	32	520,811
	33	Total liabilities and net assets/fund balances	2,731,806	33	944,582
					Form 990 (2023)

Form	1 990 (2023) Consumers' Research Inc	22-1500498	3	Pa	age 1 2
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,	152,	438
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	972,	703
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,	820,	265
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	341,	076
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		520,	811
Pa	rt 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: Cash X Accrual Other	Ī			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	İ			
	separate basis, consolidated basis, or both.				
	X 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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on	ļ			
	Schedule O.				

3a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

22-1500498 Consumers' Research Inc Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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).) 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 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 8 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) 11 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 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а 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, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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. Check 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. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990) 2023 Page 2 Consumers' Research Inc 22-1500498 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization................. 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2023. 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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	475,000	835,000	8,021,841 1	0,422,126	8,151,231	27,905,198
2	Gross receipts from admissions, merchandise	•	•				
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	6,443					6,443
3	Gross receipts from activities that are not an	0,115					0,115
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	481,443	835,000	8,021,841 1	0 422 126	8,151,231	27,911,641
	Amounts included on lines 1, 2, and 3	101,113	033,000	0,021,041	0,422,120	0,131,231	27,311,041
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						27,911,641
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	481,443	835,000	8,021,841 1	0,422,126	8,151,231	27,911,641
10a	Gross income from interest, dividends,	_					
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	342	54	40	611	549	1,596
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	342	54	40	611	549	1,596
11	Net income from unrelated business						
	activities not included on 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.)	2,960	252	686	538	658	5,094
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	484,745					27,918,331
14	First 5 years. If the Form 990 is for the or	•	rst, second, th	ird, fourth, or fi	ifth tax year as	a section 501	(c)(3)
04	organization, check this box and stop her						
	on C. Computation of Public Suppo			40 (5)		45	0/
15 16	Public support percentage for 2023 (line 8		•			15	99.98 %
16 Socti	Public support percentage from 2022 Sch					16	99.97 %
<u>3ecu</u> 17	on D. Computation of Investment In Investment income percentage for 2023 (I			by line 12 poly	ımn (f\)	17	2 22 0/
	Investment income percentage for 2023 (Investment income percentage from 2022					18	0.00 %
18 19a	33 1/3% support tests - 2023. If the orga						0.00 %
134	17 is not more than 33 1/3%, check this b						_
b	33 1/3% support tests - 2022. If the organization	-	-	=	-		_
IJ	line 18 is not more than 33 1/3%, check this box						_
20	Private foundation. If the organization di		-			-	
	ato iounidation. Il tilo organization di	a not oncon a	SON OIL HITCH	, .04, 51 100, 0		aa 000 monu	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizati	ons
--------------------------------------	-----

			Yes	No
1	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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.	3b		
С	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.	3с		
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 lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on 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.	9с		
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 line 10b below.	10a		
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.)

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

2b

3a

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

EEA

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	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. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income (A) Prior Year								
	ion A - Adjusted Net Income		(A) I IIOI Teal	(optional)				
1_	Net short-term capital gain	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						
Soot	ion B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year				
Seci	IOH B - WIIIIIIIUH ASSELAHIOUHL		(A) Prior 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):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
C	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 0.015 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 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 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	Ť						
-	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	_	ntegrated Type III support	ting organization				
	(see instructions).	,	3 71 PF	. .				

EEA Schedule A (Form 990) 2023

	e A (Form 990) 2023 Consumers' Research Inc			500498	Page 7				
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organ	izations (continued	d)					
Secti	on D - Distributions			Cu	rrent Year				
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1								
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted						
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purport	oses of supported orgar	nizations	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par		5					
6	Other distributions (describe in Part VI). See instructions.			6					
	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which	n the organization is resp	ponsive						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount	r		0					
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) stributable ount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
3_	Excess distributions carryover, if any, to 2023								
a	From 2018								
b	From 2019								
<u>c</u>	From 2020								
d	From 2021								
e	From 2022								
f	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
<u> </u>	Carryover from 2018 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from								
4									
	Section D, line 7: \$ Applied to underdistributions of prior years								
	Applied to underdistributions of prior years Applied to 2023 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
3	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, <i>explain in Part VI</i> . See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
-	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2019								
b	Excess from 2020								
	Excess from 2021								
d	Excess from 2022								
е	Excess from 2023								

Schedule A (Form 990) 2023 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 B, line 1e; 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 additional information. (See instructions.)

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.

2023

Open to Public Inspection

Name of the organization Employer identification number 22-1500498 Consumers' Research Inc Part I 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 1 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 **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 (for example, 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 2a 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c. acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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? 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 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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: 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 FASB ASC 958 relating to these items:

Par	t III Organizations Maintaining Col	lections of	Art, His	torical 1	Treasures,	or Ot	her Similar A	ssets (continu	ıed)
3	Using the organization's acquisition, accession, a	and other record	ds, check a	ny of the f	ollowing that r	nake si	gnificant use of its	i	
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pr	ogram			
b	Scholarly research e Other								
С	Preservation for future generations			_					
4	Provide a description of the organization's collect	ions and expla	in how the	/ further th	e organization	n's exen	npt purpose in Par	t	
	XIII.	•	•		Ü				
5	During the year, did the organization solicit or rec	eive donations	of art. hist	orical treas	sures. or other	similar			
	assets to be sold to raise funds rather than to be							. Yes	No
Par									
	Complete if the organization ans	wered "Yes'	on Forr	n 990, P	art IV, line	9, or ı	reported an ar	nount on Form	1
	990, Part X, line 21.						•		
1a	Is the organization an agent, trustee, custodian o	r other interme	diary for co	ntributions	or other asse	ets not			
	included on Form 990, Part X?							. Yes	No
b	If "Yes," explain the arrangement in Part XIII and								
		•	ŭ				An	nount	
С	Beginning balance					1c	:		
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						+		
2a	Did the organization include an amount on Form							. Yes	No
b	If "Yes," explain the arrangement in Part XIII. Che						-		
Par			•					<u> </u>	
	Complete if the organization ans	wered "Yes'	on Forr	n 990, P	art IV, line	10.			
	(a)	Current year	(b) Prid	or year	(c) Two years	back	(d) Three years back	(e) Four years ba	ck
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·		,	, , ,		, ,		
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current y	year end balan	ce (line 1g,	column (a	ı)) held as:	-		'	
а	Board designated or quasi-endowment	%	, 0.	`	,,				
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should e	egual 100%.							
3a	Are there endowment funds not in the possession	•	ation that a	are held ar	nd administere	d for th	e		
	organization by:	· ·						Yes	No
	(i) Unrelated organizations?							. 3a(i)	
	(ii) Related organizations?							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							. 3b	
4	Describe in Part XIII the intended uses of the orga								
Par									
	Complete if the organization ans		on Forr	n 990, P	art IV, line	11a. S	See Form 990	, Part X, line 1	0.
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Book value	
		(investme		. ,	other)		epreciation	.,	
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e	Other				11,536		1,401	10,1	35
	Add lines 1a through 1e. (Column (d) must equal F	Form 000 Port	V line 10e	column /l			-,	10,1	

Schedule D (For		ch Inc			22	-1500498	Page 🤄
Part VII	Investments - Other Securities						
	Complete if the organization answered	"Yes" on For	m 990, Part	t IV, lin	e 11b. See Forr	n 990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book val	lue	, ,	ethod of valuation: nd-of-year market value	•
(1) Financial of	lerivatives						
(2) Closely-he	ld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	(h) must agual Form 000 Part V line 10 and (D))						
Part VIII	n (b) must equal Form 990, Part X, line 12, col.(B)) - Investments - Program Related						
i ait viii	Complete if the organization answered	"Yes" on For	m 990 Parl	t IV lin	e 11c. See Forn	n 990 Part X	line 13
		100 0111 01					1110 10.
	(a) Description of investment		(b) Book va	lue	, ,	ethod of valuation: nd-of-year market value	•
(1)					2-2	,	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, line 13, col. (B))						
Part IX	Other Assets						
	Complete if the organization answered	"Yes" on For	m 990, Parl	t IV, lin	e 11d. See Forr	n 990, Part X,	line 15.
	(a) Desc	cription				(b) Book	value
(1)							
(2)							
(3)							
(4)							
(5)							
<u>(6)</u> (7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, line 15 col. (B))						
Part X	Other Liabilities					1	
	Complete if the organization answered line 25.	"Yes" on For	m 990, Parl	t IV, lin	e 11e or 11f. Se	e Form 990, I	Part X,
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal i	ncome taxes						
(2)							

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedul	le D (Form 990) 2023 Consumers' Research Inc		2-150	
Part			Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	8,152,438
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	0 150 430
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•	8,152,438
4				
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		-	
b	Other (Describe in Part XIII.)			
_ C	Add lines 4a and 4b		4c	
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 or Bot	8,152,438
Part			er Kei	um
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total expenses and losses per audited financial statements		1	9,972,703
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	9,972,703
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,972,703
Part	XIII Supplemental Information			
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	; Part V, line 4; F	Part X, li	ne
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ormation.		
01. E	Footnote for uncertain tax position under FIN 48 (Part X)			
The C	Organization follows the Financial Accounting Standards Board Acc	ounting St	andar	ds Codification
	- -			
which	n provides guidance on accounting for uncertainty in income taxes	recognize	d in	the
Organ	nization's financial statements, if any. At year end, the Organiz	ation had	no un	recognized tax
<u> </u>	induction b linemoted boddomonoby in any the year one, one organization	<u>uoron nuu</u>		z coognizaca can
henef	fits related to uncertain tax positions in its information return	that woul	d mua	lify for either
	1100 1014004 to anotivate our popioions in 100 information footin	. clide wear	<u>u quu</u>	1117 101 0101101
recor	gnition or disclosure in its financial statements.			
1600	jiition of discressie in its linancial statements.			
mb - c				
ine c	Organization's policy would be to recognize interest and penaltie	s on tax p	OSILI	ons related to
	unnegognized too benefits in ingene too surrous in the firmerial	at at a = = = = = = = = = = = = = = = =	m1	ough was seed
TES I	unrecognized tax benefits in income tax expense in the financial	scatements	. Inr	ough year end,
	the boundary with the second of the second o			
tnere	e have been no matters that would have resulted in an accrual for	interest	and/o	r penaitles.
~		5 1		
Gener	rally, the prior three tax years still subject to examination by	rederal, s	tate,	or local taxing

authorities.

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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2023 Open to Public Inspection Cumple ver identification number

OMB No. 1545-0047

Name of the organization						Employer identificati	on number
Consumers' Research Inc						22-1500498	
Part I General Information on	Grants and Ass	istance					
1 Does the organization maintain records to	substantiate the am	ount of the grants or assis	stance, the grantees' e	eligibility for the grants o	r assistance, and		_
the selection criteria used to award the gr	ants or assistance?						. XYes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistan						I "Yes" on Form 99	0,
Part IV, line 21, for any recipi	ent that received r	nore than \$5,000. Par	t II can be duplicate	ed if additional space			
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1)State Financial Officers Fo							
13851 W 63rd St 405							
Shawnee KS 66216	46-2604771	501(c)(3)	150,000				
(2) Concerned Women for America							
1000 N Payne Street							
Alexandria VA 22314	95-3580834	501(c)(3)	150,000				
(3)Pine Tree Public Policy Ins							
One Elm Street, 2nd Floor							
Nashua NH 03060	87-2530509	501(c)(4)	100,000				
(4) American Legislative Exchan							
2900 Crystal Drive 6th Floo							
Arlington VA 22202	52-0140979	501(c)(3)	60,000				
(5) Center for Law & Policy							
1747 Pennsylvania Ave, Suit							
Washington DC 20006	85-4286787	501(c)(3)	125,000				
(6)Bradley Impact Fund							
1400 N Water Street 300							
Milwaukee WI 53202	45-4678325	501(c)(3)	317,500				
(7)James Madison Institute							
100 North Duval Street							
Tallahassee FL 32301	59-2811908	501(c)(3)	20,000				
(8) Patriot Voices							
315 Foxtail Lane							
Spring City PA 19475	45-5336275	501(c)(4)	50,000				
(9)							
(10)							
2 Enter total number of section 501(c)(3) ar	nd government organ	izations listed in the line 1	table				6
3 Enter total number of other organizations	listed in the line 1 tak	ole					

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
Supplemental Information. P	rovide the information r	equired in Part I, I	ine 2; Part III, colum	nn (b); and any other add	itional information.

EEA Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

Complete 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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

me of the organization Employer identification number

Consu	mers' Research Inc 22-1500498			
Part	I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	46		
	ехріані	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		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	x Form 990 of other organizations x Approval by the board or compensation committee			
	Δ·+μ···································			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
•	Receive a severance payment or change-of-control payment?	4a		
a	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
b				X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		х
	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 contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		x
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
0				Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract expension described in Pagulations section 53 4059 4(a)(3)(3) If IVac II described			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

Page 2

Schedule J (Form 990) 2023 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.

Note. The sum of columns (B)(I)-(III) for each				1099-NEC compensation					
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
Will Hild	(i)	190,025	0	0	0	25,428	215,453	0	
1 Executive Director	(ii)	0	0	0	0	0	0	0	
Beau Brunson	(i)	140,087	8,750	0	0	31,359	180,196	0	
2 Dir of Policy & Regulator	(ii)	0	0	0	0	0	0	0	
Clark Ruper	(i)	161,125	15,000	0	0	20,207	196,332	0	
3 Director of Operations	(ii)	0	0	0	0	0	0	0	
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

SCHEDULE L (Form 990)

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2023 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Consumers' Research							22-1						
							section 501(c)(29 a or 25b, or For						
1 (a) Name of disqualified p	person	(b) Relationship bet	tween disq	ualified pers	on and		(c) Description of	of transa	ction			(d) Corr	ected?
.,			ganization				`, ,					Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of tax i	ncurred by the o	rganization man	agers o	r disqualif	ied persons	during	the year						
under section 4958										\$ _			
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by th	ne organiz	ation					\$_			
Complete if the organization re	e organization	answered "Ye	s" on F				38a, or Form 99	90, Pa	art IV,	line 2	26; or	if the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origin principal am		(f) Balance due	(g) In default?		fault? (h) Approved by board or committee?		(i) Written agreement?	
			То	From				Yes	No	Yes	No	Yes	No
	Former												
(1) Joseph Colangelo		Secure R		x	350,	000	95,000		x	x		x	
(i) sopepii corungere	Dourd	DOGGEO II		 -	330,	000	33,000						
(2)													
(3)													
(4)													
(5)													
` '						\$	95,000						
Part III Grants or Ass	sistance Bene	efiting Interes	ted Pe	rsons			22,333						
Complete if the		•), Part IV, li	ne 27	, •						
(a) Name of interested person	(b) Relation	onship between interes	sted	(c) A	mount of		(d) Type of assistance			(e) Purp	ose of a	ssistanc	e
		···											
(1)													
(2)													
(3)													
(4)													
\· <i>1</i>													

	n answered "Yes" on Form 99			(.) 0'	rin = - *
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sha	aring of ization's
	organization				nues?
				Yes	No
_ (1)					
_ (1)					-
(2)					
(3)					
(4)					
(5) Part V Supplemental Information					
	1	on Cabadula I. Ca	o instructions		
Provide additional informati	ion for responses to questions	on Schedule L. Se	e instructions.		

EEA Schedule L (Form 990) 2023

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.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

nsumers' Research Inc

Employer identification number

Consumers' Research Inc	22-1500498
01. Form 990 governing body review (Part VI, line 11)	
1. The Organization's Executive director is responsible for the timely prepare	aration of the
Form 990. The Organization's Executive Director may confer with accountants	
counsel of the organization with respect to drafts of the Form 990.	
2.Copies of the completed draft Form 990 (including required schedules) wil	ll be
distributed to the audit committee in either electronic or paper form for a	review and
approval. Any questions or concerns will be noted and addressed, and manage	ement staff will
ensure that changes are incorporated into the Form 990 as appropriate.	
3.Copies of the Draft Form 990 will then be distributed to the Board of Dir	rectors in
either electronic or paper form for review and a approval. Any questions or	concerns will
be noted and addressed, and management staff will ensure that changes are in	ncorporated
into the Form 990 as appropriate.	
4.After all input has been appropriately addressed, the final version of the	ne Form 990
with required schedules) will be distributed to every voting member of the	Organization's
Board of Directors prior to filing with the IRS. The final form may be dist	cributed either
in paper or electric form in any manner deemed appropriate by the Organizat	tion's Executive
Director.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
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.

Schedule O (Form 990) 2023 Page 2

Employer identification number

Name of the organization

Consumers' Research Inc 22-1500498 2.No interest of such Officer or Director may vote or lobby on the matter or be counted in determining the existence of a quorum at the meeting of the Board of Directors at which such matter is voted upon 3. Any transaction in which a Director or Officer has a financial or personal interest shall be duly approved by members of the Board of Directors not so interested or connected as being in the best interest of the Organization. 4. Payments to the interested officer or Director shall be reasonable and shall not exceed fair market value. 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. 03. CEO, executive director, top management comp (Part VI, line 15a) Process for determining compensation (namely the executive director and key employees): Review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberati<u>on and decision market survey (geography) and salary</u> 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 approved 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).

EEA Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization	Employer identification number
Consumers' Research Inc	22-1500498
Consumers Research Inc	22-1300490
(3) The Board of Directors documents its consideration and approval of the	compensation in
13/THE BOARD OF DIFFECOIS GOCUMENTS ITS CONSIDERATION and approval of the	Compensation in
the minutes of the board meeting.	
ene minutes of the source meeting.	
04. Governing documents, etc, available to public (Part VI, line 19)	
This organization does not make such documents available.	
05. List of other fees for services expenses (Part IX, line 11g)	
Fundraising Services: \$98,780	
Professional Services: \$81,283	

EEA Schedule O (Form 990) 2023