Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

port onter cooled cooughty numbers on this form as it may be made public.

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.

2021

OMB No. 1545-0047

Open to Public Inspection

<u> </u>	ror	tne	2021 calendar y	ear, or tax year begin	ining		, 2021, a	ına ena	ing		, 20		
В	Chec	ck if ap	oplicable:	C Name of organizatiorCc	nsumers' Research	Inc				D Empl	oyer identification number		
	Addr	ress ch	nange	Doing business as							22-1500498		
	Nam	ne chai	nge	Number and street (or P.	O. box if mail is not delivered to stree	et address)		Room/sui	ite	E Telep	hone number		
	Initia	ıl returi	n	1801 F Street	NW				304		(202) 898-0542		
	Final	l returr	n/terminated	City or town, state or pro	vince, country, and ZIP or foreign pos	stal code				G Gros	s receipts		
	Ame	nded r	return	Washington, DO	20006					\$ 8,022,567			
	Appli	ication	pending	F Name and address of pr	incipal officer:Russell Out	huse			H(a) Is this a	group return	for subordinates? Yes X No		
				Same as C abov	re				H(b) Are all s	subordinat	es included? Yes No		
<u> </u>	Тах-е	exemp	ot status: X 501	(c)(3) 501(c) () 4 (insert no.) 4947(a)	(1) or 5	527		If "No,"	attach a lis	st. See instructions		
J	Web	site:	► N/A						H(c) Group 6	exemption	number		
K	Form	n of or	ganization: 🗴 Corp	poration Trust Ass	ociation Other	L	Year of formation	on: 19 3	87 м s	State of leg	gal domicile: WY		
Pa	art I	I	Summary										
		1	Briefly describe t	n ind	ependent								
ø			educational	dge and	d understanding of								
Activities & Governance			issues, pol	and to	to promote the freedom								
ř			act on that	t knowledge and	understanding.								
ŏ		2	Check this box	▶ 🔲 if the organizatior	n discontinued its operations	or disposed of	of more than	25% of i	ts net asse	ts.			
Ö		3	Number of voting	g members of the gove	rning body (Part VI, line 1a)					. 3	2		
Š		4	Number of indep	endent voting member	rs of the governing body (Pa	rt VI, line 1b)				. 4	1		
'itie		5	Total number of i	individuals employed ir	n calendar year 2021 (Part V	, line 2a)				. 5	11		
냚				volunteers (estimate if						. 6			
ď		7a	Total unrelated b	ousiness revenue from	Part VIII, column (C), line 12					. 7a	0		
		b	Net unrelated bu	siness taxable income	from Form 990-T, Part I, line	e 11				. 7b	0		
									Prior Year	•	Current Year		
		8	Contributions an	d grants (Part VIII, line	1h)			. —		,000	8,021,841		
ne					≘ 2g)					,	0		
en	- 11		-		A), lines 3, 4, and 7d)					54	40		
Revenue	1				nes 5, 6d, 8c, 9c, 10c, and 1					252	686		
_					must equal Part VIII, column				835	,306	8,022,567		
	-				IX, column (A), lines 1-3)					,,,,,,,	150,000		
				or for members (Part I)				0					
	- 14			ompensation, employe		581	,311	724,288					
Expenses					column (A), line 11e)				301	,,,,,,,	0		
ens				expenses (Part IX, co	, , ,		51,334						
.X	٠ ١		_		nes 11a-11d, 11f-24e)				321	,938	6,990,613		
					equal Part IX, column (A), li					,249	· · · · · ·		
					18 from line 12			_		,943)	7,864,901		
	_		TOVERIGE 1000 CA	tperioes. Cubitact iirie	10 110111 11110 12 1 1 1 1 1 1			1	nning of Curr		157 , 666 End of Year		
ts o	ا <u>چ</u>	20	Total accete (Par	rt Y line 16)				Begii	<u> </u>				
èssi	Bag		Total liabilities (P	,				•		103	798,683		
Net Assets or	g 2		`	u ,	line 21 from line 20			`-		,193 ,715	367,302		
	art l		Signature		iiile 21 iioiii iiile 20	• • • • • •	<u> </u>	<u>. </u>	213	,,,15	431,381		
					ırn, including accompanying schedul	es and statement	ts, and to the bes	t of my kno	wledge and b	elief, it is			
					ficer) is based on all information of w								
		l,	Puggo 11	l Outhugo									
Sig	ın		Signature of o	L Outhuse officer						l Da	te		
He			Š		i dom t								
. 10	. •			L Outhuse, Pres name and title	Idelit								
			Print/Type preparer		Preparer's signature		Date				PTIN		
Pai	id		,, ,		, ,			22	Check	if			
		ırer	John Mull:		John Mullins		11-10-20		self-em	pioyed	P01429307		
	•	nei	Firm's name	Mullins,					irm's EIN				
J	. U	, i i i y	Firm's address		consin Avenue				hone no.	000	770 6271		
N/a:	the	, IDC	discuss this return		MD 20814					202-	770-6371		

7,585,795

4e

Total program service expenses

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	Х	
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		Х
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		Х
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		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		Х
•	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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.			
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	4415		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	4.0		
4-	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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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	Х	

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Pa	rt 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		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		Х
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		Х
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 or 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 (including an employee thereof) or family member of any of these			
00	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	200		
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		Х
29		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M	30		Х
31		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		.,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Х
34	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
35a	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	33a		Х
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		Х
J0	19? Note: All Form 990 filers are required to complete Schedule O.	38	,	
Par		<u> </u>	Х	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chesical Conductor Contains a response of note to any line in this rait variation.	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	x	

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

17

	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>.</u>	X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		
ı a	one or more members of the governing body?	7a		.,
h		1 a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		l
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
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?			
_	The organization's CEO, Executive Director, or top management official	150	٠,,	
a		15a	Х	
b	Other officers or key employees of the organization	15b		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	ction 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, 1801 F Street NW, Washington, DC 20006

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Consumers' Research Inc

22-1500498

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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.

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.

							- 1	, ,		
		(C) Position (do not check more than one box, unless person is both an								
(A)	(B)					(D)	(E)	(F)		
Name and title	Average					Reportable	Reportable	Estimated amount		
	hours		officer and a director/trustee)				compensation	compensation	of other	
	per week		or cd		from the organization (W-2/	from related organizations W-2/	compensation from the			
	(list any	or or			1099-MISC/	1099-MISC/	organization and			
	hours for related	dire			y er	ghes	rme	1099-NEC)	1099-NEC	related organizations
	organizations	ual t ctor	iona		nplo	st co				
	below	rust	ltrus		yee	mpe				
	dotted line)	Эе	stee			nsat				
						ed				
(1) Will Hild	40.00									
Executive Director		х		х				217,700	0	14,042
(2) Beau Brunson	40.00									
Dir of Policy & Regulatory Affairs						Х		138,100	0	22,868
(3) John Meyer	30.00									
Senior Researcher						Х		130,000	0	0
(4) Russell Outhuse	<u>1.00</u>									
President		х		Х				12,000	0	0_
(5) Terry L. Pricket	<u>1.00</u>									
Director		х						9,000	0	0
(6) Kyle Burgess	1.00									
Treasurer, Former		Х						4,000	0	0
<u>(7)</u>										
(8)										
(9)										
<u>(10)</u>										
40										
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

22-1500498

rait	Section A. Officers, Directors, Trustees	s, Key Empi	oyees	, and	J HI	gnes	st Con	nper	nsated Employees	s (continuea)				
	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck n	rson i	han one s both a r/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related	co	(F) Estimated amo of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the anization ed organi	and	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)_														
(23)_														
(24)_														
<u>(25)</u>														
1b c	Subtotal													
d	Total (add lines 1b and 1c)								510,800	0		36,	910	
	Total number of individuals (including but not limit								· · · · · · · · · · · · · · · · · · ·					
	reportable compensation from the organization				,								3	
	1 1											Yes	No	
3	Did the organization list any former officer, directed	or, trustee, k	ev em	oloye	e, o	r hiq	hest c	omp	pensated					
	employee on line 1a? If "Yes," complete Schedule	J for such in	ndividu	ıal							3		х	
4	For any individual listed on line 1a, is the sum of r	eportable co	mpens	satio	n an	d otl	her co	mpe	ensation from the					
	organization and related organizations greater that	an \$150,000?	If "Ye	s," c	omp	lete	Sched	dule	J for such					
	individual										4	x		
5	Did any person listed on line 1a receive or accrue	•			•		•	-	zation or individual					
0 43	for services rendered to the organization? If "Yes,	" complete S	Schedu	le J	for s	uch	perso	n			5		Х	
	on B. Independent Contractors													
1	Complete this table for your five highest compens													
	compensation from the organization. Report comp	pensation for	the ca	alenc	dar y	ear	ending	g wit		anization's tax yea				
	(A)								(B)		(C)			
	Name and business addres		177	20	221	4		Dla	Description of service		Compen			
	tive Response Concepts, 2760 Eis. zer Media Services, 2210 Grey Fox								olic Relation olic Relation			624,4 512.1		
	s Day, 51 Louisiana Ave NW Washin								olic Relation		3,512,300 1,650,098			
	mak Global Partners, 750 17th St								sulting		605,938			
	en Gray and Assoc, 801 17th St NW								sulting		400,000			
2	Total number of independent contractors (includin													
	received more than \$100,000 of compensation fro	-								5				

Form 990 (2021)
Part VIII Statement of Revenue Research Inc

		Check if Schedule O contains a response	or n	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a 1b					Sections 312–314
ınts nts	b	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	c d	Related organizations	1d					
ifts, r An	e	Government grants (contributions)	1e					
aj G	f	All other contributions, gifts, grants,	10					
ions		and similar amounts not included above	1f	8,021,841				
put ther	g	Noncash contributions included in	•••	0,021,041				
d Off	5	lines 1a-1f	1g	\$				
ರ ≝	h				8,021,841			
				Business Code	0,022,022			
Φ	2a							
Ş	b							
Program Service Revenue	С							
E S	d							
gra Re	e							
Pro	f	All other program service revenue	. .					
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte	rest.	and				
		other similar amounts)			40			40
	4	Income from investment of tax-exempt bond	proc	eeds 🕨				
	5	Royalties		▶				
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securitie	s	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ne		and sales expenses 7b						
ven	С	Gain or (loss) 7c						
Other Revenue	d	Net gain or (loss)						
her	8a	Gross income from fundraising						
퓽		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising events	·					
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	1	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	<u></u>					
	10a	Gross sales of inventory, less						
		returns and allowances	10a	 				
	1	Less: cost of goods sold	10k					
	С	Net income or (loss) from sales of inventory						
				Business Code				
e snc	11a	Other		900099	686	686		
lanc inu	b							
Miscellanous Revenue	С							
Mis R		All other revenue						
	•	Total. Add lines 11a-11d			686			
	12	Total revenue. See instructions			8 022 567	686	l o	40

22-1500498

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, (B) Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 150,000 150,000 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 242,700 220,825 21,875 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 294,379 382,399 88,020 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,077 4,077 9 49,036 49,036 10 46,076 42,368 3,708 11 Fees for services (nonemployees): а Legal 2,694,996 81 2,694,915 48,000 48,000 d Lobbying Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 62,788 11,910 50,878 12 626,717 626,717 13 3,629 2,348 1,281 14 13,475 13,475 15 16 1,688 1,688 17 12,542 12,542 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 2,539 2,539 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.) Media Campaign 3,512,300 3,512,300 6,335 456 Bank and Payroll Fees 6,791 882 772 110 C Shipping Other 4,266 3,244 1,022 e All other expenses 25 Total functional expenses. Add lines 1 through 24e . . 7,864,901 7,585,795 227,772 51,334 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720)

Part X Bala

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>		<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	77,514	1	432,309
	2	Savings and temporary cash investments	50,004	2	193,370
	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			
S.		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	215,000	6	165,000
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	10,077	9	6,691
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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	1,313
	16	Total assets. Add lines 1 through 15 (must equal line 33)	353,908	16	798,683
	17	Accounts payable and accrued expenses	80,193	17	367,302
	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,			
=		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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	80,193	26	367,302
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	273,715	27	431,381
Ва	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
0 8	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	273,715	32	431,381
·	33	Total liabilities and net assets/fund balances	353,908	33	798,683

Form	n 990 (2021) Consumers' Research Inc 22	2-1500498	5	Pa	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,	022,	567
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	864,	901
3	Revenue less expenses. Subtract line 2 from line 1	3		157,	666
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		273,	715
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		431,	381
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				
	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				
	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	Ī			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form **990** (2021) EEA

3b

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo 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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

► 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 in 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)

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) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (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) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 7 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 2021 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2021. 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 - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ 10%-facts-and-circumstances test - 2021. 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 П 10%-facts-and-circumstances test - 2020. 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	idar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") -	720,402	475,000	475,000	835,000	8,021,841	10,527,243
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	27,250	15,368	6,443	·		49,061
3	Gross receipts from activities that are not an						
	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	747,652	490,368	481,443	835,000	8,021,841	10,576,304
7a	Amounts included on lines 1, 2, and 3						
	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						
<u>~</u>	line 6.)						10,576,304
	on B. Total Support					1	1
	ndar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	747,652	490,368	481,443	835,000	8,021,841	10,576,304
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	124,222	592	342	54	40	125,250
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					_	
C	Add lines 10a and 10b	124,222	592	342	54	40	125,250
11	Net income from unrelated business						
	activities not included on line 10b, whether						
42	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.)		4-4				4 050
13	Total support. (Add lines 9, 10c, 11,		454	2,960	252	686	4,352
13	and 12.)	051 054	401 414	404 545	005 006	0 000 565	10 505 006
14	First 5 years. If the Form 990 is for the or	871,874	491,414	484,745			10,705,906
1-4	organization, check this box and stop her	•			•		· / · /
Secti	on C. Computation of Public Support					<u> </u>	
15	Public support percentage for 2021 (line 8			13 column (f))		15	98.79 %
16	Public support percentage from 2020 Sch					16	96.80 %
	on D. Computation of Investment In					10	90.80 /
17	Investment income percentage for 2021 (I			ov line 13 colu	mn (f))	17	1.00 %
18	Investment income percentage from 2020					18	3.00 %
19a	33 1/3% support tests - 2021. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2020. If the organization	•	_	· · · · · · · · · · · · · · · · · · ·			_
-	line 18 is not more than 33 1/3%, check this box						` ▶ □
20	Private foundation. If the organization die	-	-			-	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			110
-	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)? <i>If</i> "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)	0.0		
·	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	- 10		
_	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 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.)	10b		

	e A (Form 990) 2021 Consumers' Research Inc	22-1500498		F	age 5
Part	Supporting Organizations (continued)				
44	Lieutha annumination accounted a mift on contribution from any of the fallaction managed	П		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in I	ines 11h and			
а	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described in line 11a above?		11b		
C	A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, o</i>	_	110		
C	provide detail in Part VI .		11c		
Section	on B. Type I Supporting Organizations		110		
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membersh	nip of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization				
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizat				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than o				
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization of the supported organization organization or the supported organization of the supported organization or the supported organizatio				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," e	xplain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that op-	perated,			
	supervised, or controlled the supporting organization.		2		
Section	on C. Type II Supporting Organizations				
		_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI				
	or management of the supporting organization was vested in the same persons that controlled	or managed			
	the supported organization(s).		1		
Section	on D. All Type III Supporting Organizations				
4	Dila di Cara di	П		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the price of the data of a tife discount of the control of the data of a tife discount of the data of the				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by	_	_		
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explains</i>				
	the organization maintained a close and continuous working relationship with the supported organization		2		
3	By reason of the relationship described in line 2, above, did the organization's supported organ	- · · · · -			
•	a significant voice in the organization's investment policies and in directing the use of the organization				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organic				
	supported organizations played in this regard.		3		
Section	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test do	uring the year (see	ins	tructi	ons)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	- •			,
b	The organization is the parent of each of its supported organizations. Complete line 3 belo	W.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.	_		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exemple	ot purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part	VI identify			
	those supported organizations and explain how these activities directly furthered their exen	npt purposes,			
	how the organization was responsive to those supported organizations, and how the organization	ion determined			
	that these activities constituted substantially all of its activities.	-	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization				
	involvement, one or more of the organization's supported organization(s) would have been eng				
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization	ion(s) would			
	have engaged in these activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, direct	ctors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	ach	٥:		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3b	l	Ī

Part									
1	Check here if the organization satisfied the Integral Part Test as a qualifying								
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see			, , ,					
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 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	on 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								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppor	ting organization					
	(see instructions).	_		- •					

Schedule A (Form 990) 2021 EEA

	e A (Form 990) 2021 Consumers' Research Inc		22-1) 498 Page 7		
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continue	ed)_			
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt 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 purpo	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 Part	t VI)	5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	n the organization is resp	oonsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		,	10			
	<u> </u>	(1)	(ii)		(iii)		
Section E - Distribution Allocations (see instructions) (i) Excess Distributions Und				ıs	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
С	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
=	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2017						
b	Excess from 2018						
	Excess from 2019						
d	Excess from 2020						
	Excess from 2021						

Schedule A (Form 990) 2021 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

Name of the organization

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.

OMB No. 1545-0047

Employer identification number

2021

Open to Public Inspection

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) . . . 3 Aggregate value of grants from (during year) 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (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 in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 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 7 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes 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: (i) Revenue included on Form 990, Part VIII, line 1 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:

Schedule	D (Form 990) 2021 Consumers' Resea						22-1500			age 2
Part	t III Organizations Maintaining C	collections of	Art, His	storical ⁻	Treasures,	or Ot	her Similar A	ssets (d	ontin	ued)
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the f	ollowing that r	make siç	gnificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	☐ Loan o	r exchange pr	ograms				
b	Scholarly research		е	=	0 1	-				
C	Preservation for future generations		_							
4	Provide a description of the organization's coll	lections and evnlai	in how the	v further th	e organization	n's ever	nt nurnose in Part	•		
•	XIII.	cottorio ana explai	iii iiow aic	by furtifier th	o organization	10 CACII	ipt purpose in r urt	•		
_	During the year, did the organization solicit or	racciva danationa	of art bio	torical trace	ouros or othor	r oimilar				
5					•			□va		NI.
Par	assets to be sold to raise funds rather than to		part of the	e organizati	on's collection	· · · ·		. ∐ Ye	· 🗀	No
Fai			' on For	.m 000 E	Part IV/ line	0 0 0	operted on an	ount on	Eorn	~
	Complete if the organization a	iisweieu tes	OHFO	III 990, F	art IV, IIIIe	9, 01 1	eporteu an an	iourit or	FUII	11
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia								_	
	included on Form 990, Part X?							Ye:	3 ∐	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing ta	able:						
							Am	ount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	e 21, for e	escrow or co	ustodial accou	ınt liabili	ty?	. Ye	<u>. П</u>	No
b	If "Yes," explain the arrangement in Part XIII.						•	_	=	
Par		-	•							
	Complete if the organization a	nswered "Yes'	' on For	m 990. F	Part IV. line	10.				
				rior year	(c) Two years		(d) Three years back	(a) Fau	· vooro b	
10	Beginning of year balance	(a) Current year	(b) F	noi yeai	(C) Two years	DACK	(d) Three years back	(e) Fou	years D	ack
1a 	Contributions									
b										
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 curre	nt year end baland	ce (line 1g	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	>	%							
b	Permanent endowment	%								
С	Term endowment > %									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the possess		ation that	are held ar	nd administere	ed for the	9			
	organization by:	J							Yes	No
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations							. 3a(ii)		
h										
b	If "Yes" on line 3a(ii), are the related organizat							. 3b		
4 Dari	Describe in Part XIII the intended uses of the		owment fi	unas.						
Par			lon Fe	.m 000 F) ort \	11.	`aa Farra 000	Dort V	lina 1	10
	Complete if the organization a	riswered res	on For	1		11a. S	see Form 990,	rait X,	iirie 1	10.
	Description of property	(a) Cost or other		1 ' '	r other basis		Accumulated	(d) Boo	k value	
		(investme	ent)	(0	other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	990) 2021 Consumers' Research Inc Investments - Other Securities.		22-1500498 Page 3
T art VII	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
` ,	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.	Forms 000 Dont IV line	11 a 11 Can Farm 000 Dart V
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	THE OF THE SEE FORM 990, Part X,
1.	(a) Description of liability (b)	Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.....

X

local taxing authorities.

	D (Form 990) 2021 Consumers' Research Inc				00 498 Page 4
Part	·		-	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, P			_	0.000.555
1	Total revenue, gains, and other support per audited financial statements			1	8,022,567
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			
a b	Net unrealized gains (losses) on investments	2a 2b		-	
	Recoveries of prior year grants	2c		-	
c d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	8,022,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	 I			8,022,307
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		-	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	8,022,567
Part	, , ,				
1 0.10	Complete if the organization answered "Yes" on Form 990, P				
1	Total expenses and losses per audited financial statements			1	7,864,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	7,804,901
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	7,864,901
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				7,004,501
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
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	7,864,901
Part					.,00-,00-
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1	b and 2b; Part V, line 4; l	Part X,	line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an				
	ootnote for uncertain tax position under FIN 48 (Part 2	-			
The (organization follows the Financial Accounting Standards	Boa	rd Accounting St	anda	rds Codification,
which	provides guidance on accounting for uncertainty in inc	come	taxes recognize	d in	the
Orgai	nization's financial statements, if any. At year end, the	he O	rganization had	no u	nrecognized tax
					
benei	its related to uncertain tax positions in its informat:	ion :	return that woul	.d qu	alify for either
recog	nition or disclosure in its financial statements.				
			·		
The (organization's policy would be to recognize interest and	d per	nalties on tax p	osit	ions related to
					_
<u>its ι</u>	nrecognized tax benefits in income tax expense in the	finaı	ncial statements	. Th	rough year end,
		_			_
there	e have been no matters that would have resulted in an ac	ccru	al for interest	and/	or penalties.
Gene	cally, the tax years before 2018 are no longer subject	to ex	kamination by fe	dera	1, state, or

EEA Schedule D (Form 990) 2021

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.

2021 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

Name of the organization						Employer identificati	on number
Consumers' Research Inc Part General Information on						22-1500498	
1 Does the organization maintain records to	o substantiate the am	ount of the grants or ass	istance, the grantees'	eligibility for the grants o	r assistance, and		
the selection criteria used to award the gr							. X Yes No
Describe in Part IV the organization's pro							
Part II Grants and Other Assistan						"Yes" on Form 99	0,
Part IV, line 21, for any recip	ient that received r		rt II can be duplicate	ed if additional space			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)State Financial Officers Fo							
13851 W 63rd St 405							
Shawnee KS 66216	46-2604771	501 (c) (3)	150,000				
(2)							
(3)							
(6)							
(4)							
(-)							
(5)							
(-)							
(6)							
(7)							
. ,							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) ar	nd government organ	izations listed in the line	1 table			▶	
3 Enter total number of other organizations	listed in the line 1 tal	ole				▶ ¯	

(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
	recipients	cash grant	HOHCASH ASSISTANCE	i ww, appiaisai, ouiei)	
Supplemental Information. P	rovide the information r	equired in Part I, I	ine 2; Part III, colum	nn (b); and any other add	ditional information.

EEA Schedule I (Form 990) (2021)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Employer identification number

Consumers' Research Inc 22-1500498 Questions Regarding Compensation Part I 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) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 2 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. **X** Written employment contract Compensation committee Independent compensation consultant Compensation survey or study **x** Form 990 of other organizations Approval by the board or compensation committee 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: Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 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. 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: 5a х х If "Yes" on line 5a or 5b, describe in Part III. 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: 6a Х 6b х If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

EEA

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B)Breakdown of W-2 ar	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation			(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
Will Hild		217,700	0	0	0	14,042	231,742	0
1 Executive Director	(ii)	0	0	0	0	0	0	0
Beau Brunson	(i)	138,100	0	0	0	22,868	160,968	0
2 Dir of Policy & Regulator		0	0	0	0	0	0	0
	(i)							
3	(ii)							
	(i)							
_ 4	(ii)							_
5	(i) (ii)							
5	(ii)							
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.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

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Consumers' Research I								5004					
Part I Excess Benefit													
Complete if the	organization a					ne 25a	or 25b, or Form	990-	EZ, P	art V,	line 4		
1 (a) Name of disqualified pers	on	(b) Relationship between disqualified person and organization				(c) Description	of transa	ection			(d) Corr	rected?	
			gamzan									res	NO
(1)													
(2)													
(3)													
2 Enter the amount of tax inc	curred by the org	anization manag	ers or	disqualifie	d persons	during th	e year						
under section 4958									▶ \$	<u> </u>			
3 Enter the amount of tax, if	any, on line 2, at	oove, reimbursed	by the	organizat	ion				▶ \$				
Part II Loans to and/o	r From Intere	sted Persons											
Complete if the				orm 990-l	EZ, Part \	V, line 3	8a or Form 990	, Part	IV, lin	e 26;	or if	he	
organization rep													
(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) L	(d) Loan to or (e) Original (f) Baland		(f) Balance due	ue (g) In default		? (h) Approved		(i) W	ritten	
	with organization	loan	1	om the inization?	principal	amount				by boa		agreement?	
			orgo	1					T	comm			
			То	From				Yes	No	Yes	No	Yes	No
(1) Joseph Colangelo	Former Board	Secure R		x	350	0,000	165,000		x	x		x	
(., cosepii corungero	Dourd	Decure K				3,000	103,000			71			
(2)									<u> </u>				
(2)													
(3)									 				
(4)													
(5) T-1-1-1						<u> </u>							
Total		fiting Interest				. • \$	165,000						
Complete if the					, Part IV,	line 27.							
(a) Name of interested person	(b) Relations	hip between interested	d (c) Amount of	assistance	(d	Type of assistance		(e) Purpos	se of ass	sistance	
	1 ' '	and the organization				<u> </u>		_					
(4)													
(1)			+										
(2)													
(3)													
(4)													
(4)			\dashv					\dashv					

EEA Schedule L (Form 990) 2021

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

22-1500498

Department of the Treasury Internal Revenue Service Name of the organization

Consumers' Research Inc

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

01. Form 990 governing body review (Part VI, line 11) 1. The Organization's Executive director is responsible for the timely preparation of the Form 990. The Organization's Executive Director may confer with accountants and legal counsel of the organization with respect to drafts of the Form 990. 2. Copies of the completed draft Form 990 (including required schedules) will be distributed to the audit committee in either electronic or paper form for review and approval. Any questions or concerns will be noted and addressed, and management staff will ensure that changes are incorporated into the Form 990 as appropriate. 3. Copies of the Draft Form 990 will then be distributed to the Board of Directors 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 incorporated into the Form 990 as appropriate. 4. After all input has been appropriately addressed, the final version of the Form 990 with required schedules) will be distributed to every voting member of the Organization's Board of Directors prior to filing with the IRS. The final form may be distributed either in paper or electric form in any manner deemed appropriate by the Organization'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) 2021 Page 2

Name of the organization Employer identification number 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 deliberation and decision market survey (geography) and salary history within that region. (1) An executive committee (comprised of members of the Board of directors not employed by the non-profit) recommend the proposed salary of the Executive Director (or key employee) and the full board of directors independently reviews and 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). (3) The Board of Directors documents its consideration and approval of the compensation in

EEA Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization	Employer identification number
Consumers' Research Inc	22-1500498
the minutes of the board 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)	
Editing and Creative Layout of the Magazine \$4,210	
Professional services \$7,700	
Funding research \$43,833	
Legal Research \$618,505	
State Registrations \$7,045	

EEA Schedule O (Form 990) 2021