

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

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 06/01, 2007, and ending 05/31/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: CONSUMERS UNION OF UNITED STATES, INC. D Employer identification number: 13-1776434 E Telephone number: (914) 378-2000 F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.CONSUMERREPORTS.ORG

J Organization type (check only one) 501(c)(03) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 457,810,292.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (Contributions, Program service, etc.), Expenses (Program services, Management, etc.), and Net Assets (Excess or deficit, etc.).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-43, and 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [ ] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ;
(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$



**Part IV Balance Sheets** (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .			14,274,183.	<b>45</b>	3,509,240.
	<b>46</b> Savings and temporary cash investments . . . . .			9,847,000.	<b>46</b>	16,114,611.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	15,281,653.			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	6,342,110.	9,266,684.	<b>47c</b>	8,939,543.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .			1,292,479.	<b>49</b>	7,006,333.
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .				<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>				
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .			4,823,055.	<b>52</b>	5,960,624.
	<b>53</b> Prepaid expenses and deferred charges . . . . .		STMT. 13	33,791,244.	<b>53</b>	36,077,037.
	<b>54a</b> Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		STMT. 14	177,648,929.	<b>54a</b>	198,327,928.
	<b>b</b> Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				<b>54b</b>	
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>				
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>	
	<b>56</b> Investments - other (attach schedule) . . . . .		STMT. 15	1,667,484.	<b>56</b>	1,038,000.
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b>	130,883,943.			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	65,664,819.	62,670,857.	<b>57c</b>	65,219,124.
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 16 )			4,329,984.	<b>58</b>	4,179,433.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .			319,611,899.	<b>59</b>	346,371,873.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .			19,467,486.	<b>60</b>	21,779,956.
	<b>61</b> Grants payable . . . . .				<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		STMT. 17	142,578,674.	<b>62</b>	150,231,929.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		STMT. 18	47,300,000.	<b>64a</b>	47,300,000.
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .				<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 19 )			12,189,728.	<b>65</b>	15,703,739.
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .			221,535,888.	<b>66</b>	235,015,624.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	<b>67</b> Unrestricted . . . . .			94,635,913.	<b>67</b>	100,778,514.
	<b>68</b> Temporarily restricted . . . . .			3,440,098.	<b>68</b>	10,577,735.
	<b>69</b> Permanently restricted . . . . .				<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .				<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .				<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .			98,076,011.	<b>73</b>	111,356,249.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .			319,611,899.	<b>74</b>	346,371,873.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on Part I, line 12. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 12, but not on line a. Row e: Total revenue (Part I, line 12). Add lines c and d.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on Part I, line 17. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 17, but not on line a. Row e: Total expenses (Part I, line 17). Add lines c and d.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 24, 1,311,505, 229,010, NONE.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b-d: Questions regarding compensation and conflict of interest.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76-81b: Questions regarding organizational changes, tax returns, liquidation, and political expenditures.

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 82a through 91b regarding organizational activities, tax implications, and foreign accounts.

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If "Yes," enter the name of the foreign country \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 30					229,309,060.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,511,213.	
96 Dividends and interest from securities			14	3,298,243.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	727,849.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b CY PRES AWARDS			01	232,851.	
c LEGAL SERVICE INCOME			01	30,128.	
d CUSTOMER RELATION			01	72,960.	
e PRODUCT SUPPORT			01	171,867.	
104 Subtotal (add columns (B), (D), and (E))				8,045,111.	229,309,060.
105 Total (add line 104, columns (B), (D), and (E))					237,354,171.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 31

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	<b>Yes</b>	<b>No</b>
	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	SEE STATEMENT 32			
<b>b</b>				
<b>c</b>				
<b>Totals</b>				100,000.

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	<b>Yes</b>	<b>No</b>
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	<b>Yes</b>	<b>No</b>
		X

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
KPMG LLP		13-5565207	
345 PARK AVENUE		Phone no.	212-758-9700
NEW YORK, NY	10154-0102		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

CONSUMERS UNION OF UNITED STATES, INC.

Employer identification number

13-1776434

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 33				

Total number of other employees paid over \$50,000 . . ▶ 507

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 34		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ 41

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 35		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ 546

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 514,111. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .STMT .36

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .STMT .37

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) 6,175. (2005) 5,118. (2004) 4,745. (2003) 4,400.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 61,448,918. 16 17 771,275,305. 20 21 27c 832,724,223.

d Add: Line 27a total, 20,438. and line 27b total 27d 20,438.

e Public support (line 27c total minus line 27d total) 27e 832,703,785.

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f 850,014,598.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 97.9635 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 1.8001 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	179,296.
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	334,815.
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	514,111.
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	234,613,678.
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	235,127,789.
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b> Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	<b>41</b>	1,000,000.
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	250,000.
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					6,000,000.
<b>47</b> Total lobbying expenditures	514,111.	521,774.	405,694.	195,472.	1,637,051.
<b>48</b> Grassroots nontaxable amount . . . . .	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					1,500,000.
<b>50</b> Grassroots lobbying expenditures . . . . .	179,296.	234,155.	357,392.	217,721.	988,564.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
<b>51a(i)</b> Cash	X	
<b>a(ii)</b> Other assets		X
<b>b(i)</b> Sales or exchanges of assets with a noncharitable exempt organization		X
<b>b(ii)</b> Purchases of assets from a noncharitable exempt organization		X
<b>b(iii)</b> Rental of facilities, equipment, or other assets		X
<b>b(iv)</b> Reimbursement arrangements		X
<b>b(v)</b> Loans or loan guarantees		X
<b>b(vi)</b> Performance of services or membership or fundraising solicitations		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees	X	

(i) Cash . . . . .  
(ii) Other assets . . . . .

**b** Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .  
(ii) Purchases of assets from a noncharitable exempt organization . . . . .  
(iii) Rental of facilities, equipment, or other assets . . . . .  
(iv) Reimbursement arrangements . . . . .  
(v) Loans or loan guarantees . . . . .  
(vi) Performance of services or membership or fundraising solicitations . . . . .

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51A(I)	16,589.	AAA	LIST RENTAL
51A(I)	62,417.	AAA/NATIONAL MAIL	LIST RENTAL
51A(I)	101,557.	AMERICAN DIRECT MKTG	LIST RENTAL
51A(I)		RESOURCES INC	LIST RENTAL
51A(I)	26,250.	ONLINE PUBLISHERS	DUES
51A(I)		ASSOCIATION	DUES
51A(I)	22,250.	ALLIANCE OF NON	DUES
51A(I)		PROFIT MAILERS	DUES
51A(I)	26,040.	MAGAZINE PUBLISHERS	DUES
51A(I)		OF AMERICA	DUES
51B(V)	100,000.	CONSUMERS UNION	LOAN
51B(V)		ACTION FUND	LOAN

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
CONSUMERS UNION	501(C)(4)	AFFILIATED ORGANIZATION
ACTION FUND, INC.		

**Schedule B**

(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

CONSUMERS UNION OF UNITED STATES, INC.

Employer identification number

13-1776434

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization **CONSUMERS UNION OF UNITED STATES, INC.**

Employer identification number

13-1776434

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 36,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 24,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 11,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 140,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 30,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 2,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CONSUMERS UNION OF UNITED STATES, INC.**

Employer identification number

13-1776434

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 15,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CONSUMERS UNION OF UNITED STATES, INC.

Employer identification number

13-1776434

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 31,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CONSUMERS UNION OF UNITED STATES, INC.**

Employer identification number

13-1776434

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 4,570,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 21,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 27,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CONSUMERS UNION OF UNITED STATES, INC.**

Employer identification number

13-1776434

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 66,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 37,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 37,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 11,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 41,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CONSUMERS UNION OF UNITED STATES, INC.**

Employer identification number

13-1776434

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 55,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CONSUMERS UNION OF UNITED STATES, INC.**

Employer identification number

13-1776434

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 13,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CONSUMERS UNION OF UNITED STATES, INC.

Employer identification number

13-1776434

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 510,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 208,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CONSUMERS UNION OF UNITED STATES, INC.**

Employer identification number  
**13-1776434**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	_____ _____ _____	\$ 460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	_____ _____ _____	\$ 137,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> CONSUMERS UNION OF UNITED STATES, INC.	<b>Employer identification number</b> 13-1776434
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**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES _____ _____ _____	\$ 36,471.	07/19/2007
2	SECURITIES _____ _____ _____	\$ 24,810.	08/20/2007
3	SECURITIES _____ _____ _____	\$ 11,657.	10/29/2007
4	SECURITIES _____ _____ _____	\$ 140,043.	01/08/2008
5	SECURITIES _____ _____ _____	\$ 30,693.	01/10/2008
6	SECURITIES _____ _____ _____	\$ 2,163.	11/01/2007

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
 =====

GENERAL EXPLANATION ATTACHMENT I  
 FORM 990, PART IV, LINE 57 AND FORM 990, PART II, LINE 42

LAND	\$11,935,255
LAND IMPROVEMENTS	1,624,538
BUILDING & BUILDING IMPROVEMENTS	58,508,681
FURNITURE, FIXTURES & EQUIPMENT	28,051,697
SOFTWARE DEVELOPMENT	28,658,515
CONSTRUCTION IN PROGRESS	2,105,257
	-----

TOTAL: 130,883,943

LESS: ACCUMULATED DEPRECIATION (65,664,819)

NET FIXED ASSETS \$65,219,124  
 =====

DEPRECIATION REPORTED ON  
 FORM 990, PART II, LINE 42 \$ 8,386,143

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====

GENERAL EXPLANATION ATTACHMENT II  
SCHEDULE A, PART III, LINE 3A

THE CRITERIA FOR SELECTING PROJECTS FOR FUNDING THROUGH THE COLSTON E. WARNE PROGRAM SMALL GRANTS PROGRAM INCLUDE THE FOLLOWING:

1. THE PROJECTS SHOULD BE CONSISTENT WITH CU'S MISSION TO PROVIDE INFORMATION AND ADVICE TO CONSUMERS ON GOODS, SERVICES, HEALTH AND PERSONAL FINANCE; AND TO INITIATE AND COOPERATE WITH INDIVIDUAL AND GROUP EFFORTS TO MAINTAIN AND ENHANCE THE QUALITY OF LIFE FOR CONSUMERS.
2. THE PROJECTS SHOULD BE HIGH IMPACT PROJECTS THAT PROVIDE A SIGNIFICANT RETURN FOR THE AMOUNT OF MONEY INVESTED. THEY SHOULD BE RESULT-ORIENTED, AND HAVE TANGIBLE GOALS AND OBJECTIVES.
3. THE ORGANIZATION SPONSORING THE PROJECT SHOULD HAVE A CLEAR PLAN FOR DEVELOPING ALTERNATE SOURCES OF FUNDING, SO THAT THE PROJECT CAN BECOME SELF-SUPPORTING AND CONTINUE WHEN THE GRANT PERIOD ENDS.
4. IF POSSIBLE, THE PROJECTS SHOULD BE REPLICABLE, AND PROVIDE A MODEL FOR ORGANIZING AND ADVOCACY ON OTHER CONSUMER AND PUBLIC INTEREST ISSUES, OR IN OTHER LOCATIONS.
5. WE ARE ESPECIALLY INTERESTED IN PROJECTS THAT PROVIDE DIRECT BENEFITS TO LOW-INCOME AND MINORITY CONSUMERS.
6. WHERE POSSIBLE, PROJECTS SHOULD OBTAIN MATCHING FUNDS AND/OR LEVERAGE IN-KIND RESOURCES FROM OTHER SOURCES.
7. THE PROJECTS SHOULD MAKE SENSE IN THE CONTEXT OF THE NEEDS AND OPPORTUNITIES OF THE OVERALL CONSUMER MOVEMENT. THEY SHOULD CONTRIBUTE TO CAPACITY-BUILDING OF ORGANIZATIONS, AND HELP SUSTAIN THE CONSUMER MOVEMENT.
8. "THE RETURNS ON INVESTMENTS SUCH AS THESE, MADE IN FULFILLMENT OF CU'S PURPOSES ... MUST BE MEASURED IN TERMS OF THE BENEFITS INDIRECTLY REALIZED BY THOUSANDS OF CONSUMERS WHO ARE BETTER INFORMED OR BETTER SERVED AS A CONSEQUENCE OF THE WORK WHICH THE MONEY SUPPORTS." [CONSUMER REPORTS, MARCH, 1958, P. 163]

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT III  
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

## " CONSUMERS INFORMATION:

CONSUMERS UNION OF US INC. PUBLISHES AND DISSEMINATES INFORMATION AND ADVICE TO CONSUMERS REGARDING TOPICS SUCH AS CONSUMER GOODS, SERVICES, HEALTH AND PERSONAL FINANCE. CONSUMERS UNION OF US INC. PUBLICATIONS AND THE NUMBER OF PAID SUBSCRIBERS FOR EACH AS OF 5/31/2008 INCLUDE CONSUMER REPORTS (4,411,684); CONSUMER REPORTS ON HEALTH (637,636); AND CR ONLINE (3,175,989); CONSUMER REPORTS MONEY ADVISER (233,730); AUTO BUYING KIT (53,932); SHOP SMART (8,107) AND CONSUMER REPORTS MEDICAL GUIDE (46,375). CONSUMERS UNION OF US INC. DOES NOT ACCEPT OUTSIDE ADVERTISING IN ANY OF ITS PUBLICATIONS. IN ADDITION, CONSUMERS UNION OF US INC. DISSEMINATES CONSUMER INFORMATION THROUGH OTHER PRINT, RADIO, TELEVISION, ELECTRONIC PUBLISHING AND INTERACTIVE MEDIA.

" PRODUCT INFORMATION: CONSUMERS UNION OF US INC. CONDUCTS INDEPENDENT AND CONSUMER IMPARTIAL TESTS AND ANALYSES ON A WIDE RANGE OF CONSUMER PRODUCTS AND SERVICES, SUCH AS ELECTRONICS, APPLIANCES, HOUSEHOLD PRODUCTS INSURANCE, RECREATIONAL GOODS, AND CARS. THE TESTS EVALUATE HOW THE PRODUCTS PERFORM AND ADVISE CONSUMERS ON THE EXTENT TO WHICH THEY ARE CONVENIENT, SAFE, AND ECONOMICAL. DURING THE FISCAL YEAR ENDED 5/31/2008, CONSUMERS UNION OF US INC. CONDUCTED TESTS ON MORE THAN 2,600 OF VARIOUS CONSUMER PRODUCTS, MAKING USE OF 50 LABORATORIES AND ITS AUTO TRACK. THE INFORMATION GATHERED AS RESULT OF THESE TESTS IS DISSEMINATED TO THE GENERAL PUBLIC AS DESCRIBED ABOVE.

" EDUCATION PROGRAMS: THE CONSUMER REPORTS CLASSROOM PROGRAM OFFERS DISCOUNTED SUBSCRIPTIONS FOR STUDENTS IN CLASS SETS OF 20 OR MORE, ACCOMPANIED BY A FREE SUBSCRIPTION FOR TEACHERS, A FREE TEACHING GUIDE AND ANNUAL BUYING GUIDE, AVAILABLE THROUGH WWW.CONSUMERREPORTS.ORG/CLASSROOM THESE MATERIALS ARE USED IN SCHOOLS AND OTHER SETTINGS TO TEACH CRITICAL THINKING SKILLS, READING, MATH AND CONSUMER EDUCATION. IN ADDITION, CONSUMERS UNION PROVIDES SUBSTANTIAL FREE CONSUMER EDUCATION INFORMATION AS A PUBLIC SERVICE THROUGH OUR EDUCATIONAL WEB SITES. THESE INCLUDE: THE CONSUMERS UNION ADVOCACY WEB SITE (CONSUMERSUNION.ORG), CONSUMER REPORTS WEB WATCH (CONSUMERWEBWATCH.ORG), CONSUMER REPORTS BEST BUY DRUGS (CRBESTBUYDRUGS.ORG), SPANISH LANGUAGE CONSUMER EDUCATION MATERIALS, AT (CONSUMERSUNION.ORG/ESPANOL) (HTTP://ESPANOL.CONSUMERREPORTS.ORG/CUESPANOL) CONSUMER REPORTS GREENER CHOICES (GREENERCHOICES.ORG), AND ECO-LABELS, AN ONLINE GUIDE TO ENVIRONMENTAL LABELS (ECO-LABELS.ORG). A TWO YEAR CONSUMER EDUCATION OUTREACH PROGRAM COMPLETED IN MAY 2008 PROVIDED ADDITIONAL CONTENT AND

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

OUTREACH TO LOW-INCOME AUDIENCES. SPECIFIC ACCOMPLISHMENTS INCLUDED:  
HEALTH INSURANCE DISCLOSURES:

O DEVELOPED TEMPLATE FOR SUPPLIER-SUPPLIED HEALTH INSURANCE DISCLOSURES. MASSACHUSETTS OFFICIALS HAVE ADAPTED THESE FOR USE IN THEIR ONLINE HEALTH INSURANCE COMPARISON SHOPPING SITE.

O WE HAVE ADAPTED THE CONTENT INTO ONLINE WORKSHEETS TO SUPPLEMENT THE CONSUMER REPORTS SIX-PART HEALTHCARE SERIES OF ARTICLES. THE CONTENT NOW APPEARS ON CRHEALTH.ORG.

EDUCATION OUTREACH PARTNERSHIPS

" DIGITAL TELEVISION CONVERSION: CREATED BILINGUAL EDUCATION MATERIALS (OVER 100,000 DISTRIBUTED), A NATIONALLY BROADCAST 5 MIN EDUCATIONAL VIDEO (OVER 3 MILLION VIEWERS), A FREE WEB-HUB ON CR.ORG, AND INFLUENTIAL SURVEYS OF CONSUMER AWARENESS AND MARKET IMPACT OF THE TRANSITION. MATERIALS HAVE BEEN PROMOTED THROUGH NATIONAL MEDIA AND LOCAL OUTREACH ESPECIALLY AMONG LOW-INCOME AND HISPANIC AUDIENCES.

" LITERACY VOLUNTEERS OF AMERICA: DEVELOPED THREE CONSUMER EDUCATION MODULES FOR THE LVA'S U.S. CIVICS FOR IMMIGRANTS PROGRAM BASED ON CONSUMER REPORTS' CONTENT. THIS INSTRUCTIONAL COURSE FOR LOW-LITERACY ADULTS SERVES 18,000+ LOW -INCOME ADULTS AND THEIR FAMILIES IN NEW YORK STATE. BECAUSE OF STRONG RETENTION AND GRADE-LEVEL IMPROVEMENT, THIS PROGRAM IS LIKELY TO BE ADOPTED NATIONWIDE IN 2008.

" NEW READER PRESS: SYNDICATED SELECT CONSUMER REPORTS CONTENT FOR NEWS FOR YOU, AN ADULT LOW-LITERACY TEACHING AID USED BY ADULT AND HIGH-SCHOOL STUDENTS NATIONWIDE AS PART OF ESL AND LANGUAGE ARTS INSTRUCTIONAL PROGRAMMING. ANNUALLY, NEWS FOR YOU REACHES OVER 300,000 STUDENTS WITH 48 YEARLY ISSUES

" AD COUNCIL: BUILT RELATIONSHIP WITH AD COUNCIL TO LINK RELEVANT CONSUMER REPORTS' CONTENT TO SPECIFIC CAMPAIGNS (E.G., CR GREENER CHOICES CONTENT INCLUDED IN THE STOP GLOBAL WARMING CAMPAIGN).  
COLLEGE FINANCING

" DEVELOPED SEVEN POLICY RECOMMENDATIONS THAT HELP STUDENT LOAN BORROWERS IDENTIFY AFFORDABLE LOANS AND UNDERSTAND THE IMPLICATIONS OF STUDENT DEBT ON THEIR FUTURE CHOICES. THESE RECOMMENDATIONS INFORMED NATIONAL AND STATE LEGISLATIVE ACTIONS.

" DEVELOPED CRO WORKSHEETS TO HELP CONSUMERS UNDERSTAND COLLEGE FINANCING USING THE SAME CONTENT.

" CONSUMER PROTECTION: CONSUMERS UNION OF US INC. MONITORS, STUDIES, AND ANALYZES CONSUMER ISSUES RELATING TO HEALTH CARE, HOUSING, CONSUMER PRODUCT SAFETY, FOOD SAFETY, AUTO SAFETY, TELECOMMUNICATIONS, CONSUMERS FINANCES AND SUSTAINABLE CONSUMPTION AND PROMOTES THE INTERESTS OF THE GENERAL PUBLIC CONCERNING SUCH ISSUES BEFORE LEGISLATIVE BODIES, REGULATORY AGENCIES AND THE COURTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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"  
GRANTS: CONSUMERS UNION OF US INC. MAKES GRANTS TO OTHER NONPROFIT ORGANIZATIONS AND PROJECTS THAT CONDUCT ACTIVITIES THAT ARE SIMILAR AND RELATED TO CONSUMERS UNION OF US INC. EXEMPT PURPOSES. DURING THE FISCAL YEAR END 5/31/08, CONSUMERS UNION OF US INC. MADE 19 SUCH GRANTS.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
PENSION RELATED CHANGES	1,983,641.
TOTAL	----- 1,983,641. =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZES LOSS ON INVESTMENTS	8,294,852.
UNREALIZED LOSS ON INTEREST RATE SWAP	1,544,236.
CHANGE IN VALUE OF SPLIT INTEREST	276,037.
PRIOR YEAR ADJUSTMENT	2,381.
	-----
TOTAL	10,117,506.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
GRANTS PAID			
=====			
CONSUMER FEDERATION OF AMERICA 1424 16TH STREET NW SUITE 604 PO BOX BOX 0872411 WASHINGTON, DC 20036	NONE EXEMPT ORGANIZATION	SUPPORT FOR STATE AND LOCAL GRANTS PROGRAM FOR US CONSUMER ORGANIZATIONS	65,000.
ARIZONA STATE UNIVERSITY EDUCATION POLICY STUDIES LABORATORY PO BOX BOX 0872411 TEMPE, AZ 85287	NONE EXEMPT ORGANIZATION	GENERAL OPERATING SUPPORT FOR THE COMMERCIALISM IN EDUCATION RESEARCH UNIT WHICH CONDUCTS RESEARCH ON ADVERTISING TO CHILDREN IN SCHOOLS	55,000.
CONSUMER FEDERATION OF AMERICA 1424 16TH STREET NW SUITE 604 WASHINGTON, DC 20036	NONE EXEMPT ORGANIZATION	SUPPORT FOR TRAVEL AND CONFERENCE COSTS FOR STATE AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE	25,000.
USPIRG EDUCATION FUND 218 D STREET SE 2ND FLOOR WASHINGTON, DC 20003	NONE EXEMPT ORGANIZATION	GENERAL OPERATING SUPPORT FOR NATIONAL CONSUMER BACKUP CENTER	25,000.
CONSUMER FEDERATION OF AMERICA 1424 16TH STREET NW SUITE 604 WASHINGTON, DC 20036	NONE EXEMPT ORGANIZATION	GENERAL OPERATING SUPPORT FOR STATE AND LOCAL CONSUMER ORGANIZATION DEVELOPMENT PROGRAM	15,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
AMERICANS FOR FAIRNESS IN LENDING 77 SUMMER STREET 10TH FLOOR BOSTON, MA 02110	NONE EXEMPT ORGANIZATION	PUBLIC EDUCATION AND ADVOCACY ON CREDIT CARD ISSUES	7,500.
CONNECTICUT CENTER FOR PATIENT SAFETY 26 W WOODLAND DRIVE REDDING, CT 06896	NONE EXEMPT ORGANIZATION	ADVOCACY AND PUBLIC EDUCATION PROJECT REGARDING PATIENT SAFETY PRESCRIPTION DRUGS AND HEALTH CARE ACQUIRED INFECTIONS	5,000.
ALLIED MEDIA PROJECTS PO BOX 442339 DETROIT, MI 48232	NONE EXEMPT ORGANIZATION	GENERAL SUPPORT FOR A NATIONAL CONFERENCE OF ALTERNATIVE MEDIA MAKERS AND SOCIAL JUSTICE ACTIVISTS	5,000.
PROMETHEUS RADIO PROJECT P O BOX 42158 PHILADELPHIA, PA 19101	NONE EXEMPT ORGANIZATION	PROVIDE TECHNICAL ASSISTANCE AND SUPPORT FOR NONPROFIT ORGANIZATIONS APPLYING FOR LOW POWER FM RADIO LICENSES	5,000.
PROMETHEUS RADIO PROJECT P O BOX 42158 PHILADELPHIA, PA 19101	NONE EXEMPT ORGANIZATION	ORGANIZE ADVOCACY TRAINING DAY FOR LOW POWER FM STATIONS AND CONDUCT MEDIA AND POLICYMAKER OUTREACH	5,000.
MOTHERS AGAINST MEDICAL ERRORS 155 S BULL STREET COLOMBIA, SC 29205	NONE EXEMPT ORGANIZATION	SUPPORT EDUCATIONAL AND ADVOCACY ACTIVITIES ON PATIENT SAFETY AND HEALTH ACQUIRED INFECTIONS	5,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
CONSUMER FEDERATION OF AMERICA 1424 16TH STREET NW SUITE 604 WASHINGTON, DC 20036	NONE EXEMPT ORGANIZATION	SUPPORT FOR TRAVEL AND CONFERENCE COST FOR STATE AND LOCAL ROUNDTABLE MEETING AT ANNUAL CONSUMER ASSEMBLY CONFERENCE	5,000.
IDENTITY THEFT ACTION COUNCIL OF NEBRASKA 16422 AMES AVENUE OMAHA, NE 68116	NONE EXEMPT ORGANIZATION	ADVOCACY AND PUBLIC EDUCATION PROJECT REGARDING SECURITY FREEZE AND IDENTITY THEFT PREVENTION ISSUES	2,500.
AMERICANS FOR FAIRNESS IN LENDING 77 SUMMER STREET 10TH FLOOR BOSTON, MA 02110	NONE EXEMPT ORGANIZATION	PUBLIC EDUCATION AND ADVOCACY ON CREDIT CARD ISSUES	2,500.
INSTITUTO BRASILEIRO DO DEFESA DO CONSUMIDOR RUA D COSTA JR 356 AGUA BRANCA 05002-000 SAO PAULO BRAZIL	NONE EXEMPT ORGANIZATION	TO SUPPORT AND ENHANCE THE WORK OF IDEC ON TELECOM AND INTELLECTUAL PROPERTY ISSUES	15,000.
COMMUNITY CATALYST INC 30 WINTER STREET BOSTON, MA 02108	NONE EXEMPT ORGANIZATION	TO PROVIDE CORE SUPPORT TO STIMULATE NEW PHILANTHROPIC RESOURCES AND ENSURE ACCOUNTABILITY OF HEALTHCARE CONVERSION FOUNDATIONS	125,000.
SMALL BUSINESS MAJORITY INC 3030 BRIDGEWAY SUITE 132 SUITE 1004 SAUSALITO, CA 94965	NONE EXEMPT ORGANIZATION	TO SUPPORT THE PARTNERS IN THE HEALTHCARE COALITION TO ENSURE CONSUMER VOICES WERE INCLUDED IN THE DISCUSSION ABOUT HEALTH CARE REFORM IN CALIFORNIA	70,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
CALIFORNIA PAN-ETHNIC HEALTH NETWORK 654 THIRTEENTH STREET OAKLAND, CA 94612	NONE EXEMPT ORGANIZATION	TO SUPPORT THE PARTNERS IN THE HEALTHCARE COALITION TO ENSURE CONSUMER VOICES WERE INCLUDED IN THE DISCUSSION ABOUT HEALTH CARE REFORM IN CALIFORNIA	90,000.
HEALTH ACCESS FOUNDATION 1535 MISSION STREET SAN FRANCISCO, CA 94103	NONE EXEMPT ORGANIZATION	TO SUPPORT THE PARTNERS IN THE HEALTHCARE COALITION TO ENSURE CONSUMER VOICES WERE INCLUDED IN THE DISCUSSION ABOUT HEALTH CARE REFORM IN CALIFORNIA	336,000.
		TOTAL CONTRIBUTIONS PAID	863,500.
			----- =====

FORM 990, PART II - OTHER EXPENSES

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DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
OTHER PROFESSIONAL SVCS	9,180,568.	7,411,490.	1,503,323.	265,755.
SALES & MKTG ALLOCATIONS	31,075,796.	30,622,183.	205,788.	247,825.
PRODUCT TESTING	3,909,134.	3,909,134.		
LIBRARY SERVICES	825,410.	716,506.	105,063.	3,841.
MISCELLANEOUS G&A	4,030,313.	2,276,863.	1,687,133.	66,317.
OTHER CONTRIBUTIONS	24,260.	24,260.		
DUES	1,075,376.	1,075,376.		
WRITE OFF OF BOND ISSUANCE COSTS	1,996,432.		1,996,432.	
TOTALS	52,117,289.	46,035,812.	5,497,739.	583,738.

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FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
ST DEFERRED PROMOTION COST	23,568,023.
LT DEFERRED PROMOTION COST	7,177,145.
ST PREPAID EXPENSES	5,172,011.
LT PREPAID EXPENSES	159,858.
TOTALS	----- 36,077,037. =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
U. S. TREASURY SECURITIES	18,912,091.
MORTGAGE-BACKED SECURITIES	33,223,076.
EQUITY SECURITIES	146,192,761.
TOTALS	----- 198,327,928. =====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INVESTMENT PROPERTY	1,038,000.
TOTALS	----- 1,038,000. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DEFERRED BOND ISSUANCE COSTS	415,704.
DEPOSIT	49,929.
LT ASSETS CU TRUSTEE	1,743,393.
LT CRUT RECEIVABLE	40,981.
LT BEQUEST RECEIVABLE	1,929,426.
	-----
TOTALS	4,179,433.
	=====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ST SUBSCRIPTION REVENUE	115,427,754.
LT SUBSCRIPTION REVENUE	34,804,175.
TOTALS	----- 150,231,929. =====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
MULTI-MODAL CIVIC FACILITY REVENUE BONDS 2005	47,300,000.
TOTALS	----- 47,300,000. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CHARITABLE GIFT ANNUITY	8,318,634.
OTHER LIABILITY	511,010.
DEFERRED RENT	140,821.
PENSION LIABILITY	5,506,522.
LIABILITY UNDER DERIVATIVE INSTRUMENT	1,226,752.
TOTALS	----- 15,703,739. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION -----	AMOUNT -----
REVENUE OF RELATED ENTITY	
CONSUMER UNION ACTION FUND	127,365.
UNREALIZED LOSS ON	
INTEREST RATE SWAP	-1,544,236.
PENSION RELATED CHANGES	1,983,641.
CHANGE IN VALUE OF SPLIT	-276,037.
INTEREST AGREEMENT	
	-----
TOTAL	290,733.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
LOSS FROM WRITE OFF OF BOND ISSUANCE COSTS	1,996,432.
TOTAL	----- 1,996,432. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
EXPENSES OF RELATED ENTITY	
CONSUMER UNION ACTION FUND	214,484.
EXPENSES OF RELATED ENTITY	
TRUMAN AVENUE FOUNDATION	442.
	-----
TOTAL	214,926.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
LOSS FROM WRITE OFF OF BOND ISSUANCE COSTS	1,996,432.
TOTAL	----- 1,996,432. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES A GUEST C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	PRESIDENT, CEO 35.00	551,406.	116,508.	NONE
JOHN SATEJA C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	SR. VP, INFO. PROD. 35.00	415,598.	58,755.	NONE
RICHARD GANNON C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	VP, CFO 35.00	344,501.	53,747.	NONE
ROBERT ADLER C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
MARCIA ARONOFF C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
ROBERT E BAENSCH	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057				
WALTER BRISTOL C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
LAURENCE BURNIN C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
CLARENCE DITLOW C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
JEAN ANN FOX MS MPA C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
BARBARA FRIEDMAN C/O CONSUMERS UNION 101 TRUMAN AVENUE	TREASURER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
YONKERS, NY 10703-1057				
KAREN HEIN MD C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
STEVEN HILL C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
CAROL IZUMI C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
SHARON NELSON C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	CHAIR 1.00	NONE	NONE	NONE
CRAIG NEWMARK C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
BURNELE VENABLE POWELL C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
TERESA MORAN SCHWARTZ C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	VICE CHAIR 1.00	NONE	NONE	NONE
NORMAN SILBER C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	SECRETARY 1.00	NONE	NONE	NONE
THOMAS WATHEN C/O CONSUMERS UNION 101 TRUMAN AVENUE YONKERS, NY 10703-1057	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		1,311,505.	229,010.	NONE

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FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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RELATED ORGANIZATION NAME: CONSUMERS UNION ACTION FUND, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: TRUMAN AVENUE FOUNDATION, INC.

EXEMPT: X NONEXEMPT:

FORM 990, PART VI, LINE 90A - STATES

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AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA,  
IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM,  
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI,

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
-----	----	-----	----	-----	-----
SUBSCRIPTION, NEWSSTAND, ONLINE, AND OTHER SALES					229,309,060.
TOTALS		-----		-----	229,309,060.
		=====		=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
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93A	<p>WE PUBLISH INFORMATION IN CONSUMER REPORTS MAGAZINE, SHOP SMART MAGAZINE, WWW.CONSUMERREPORTS.ORG, CR ON HEALTH, CR MEDICAL GUIDE, CR MONEY ADVISER, SPECIAL PUBLICATIONS, CONSUMER REPORTS TELEVISION NEWS, NEWSPAPER COLUMNS, RADIO PROGRAMS, RSS FEEDS AND E-MAIL NEWSLETTERS. THE INFORMATION IN THOSE PRODUCTS IS DERIVED FROM TESTS OF APPROXIMATELY 60 PRODUCT CATEGORIES PER YEAR IN OUR LABORATORIES, FROM RESEARCH ON CONSUMER SERVICES AND PRACTICES, AND FROM RESEARCH ON POLICIES AFFECTING CONSUMERS. WE ALSO COLLECT AND TRANSMIT TO CONSUMERS PRICE INFORMATION ABOUT NEW AND USED CARS. THE INFORMATION PRODUCTS THAT GENERATE OUR INCOME ENABLE US TO INFORM AND EDUCATE CONSUMERS IN MYRIAD WAYS, ON A CONSISTENT BASIS, AND TO WORK FOR CONSUMER PROTECTION. IN ADDITION, FOUNDATION GRANTS AND INTERNAL FUNDS SUPPORT A RANGE OF FREE PUBLIC EDUCATION MATERIALS ONLINE AND IN PRINT. THESE INCLUDE: THE CONSUMERS UNION ADVOCACY WEB SITE (CONSUMERSUNION.ORG), CONSUMER REPORTS WEB WATCH (CONSUMERSWEBWATCH.ORG), CONSUMER REPORTS BEST BUY DRUGS (CRBESTBUYDRUGS.ORG), PODER DEL CONSUMIDOR (SPANISH LANGUAGE CONSUMER EDUCATION MATERIALS, AT WWW.CONSUMERSUNION.ORG/ESPANOL/) CONSUMER REPORTS GREENER CHOICES (GREENERCHOICES.ORG), AND ECO-LABELS, AN ONLINE GUIDE TO ENVIRONMENTAL LABELS (ECO-LABELS.ORG). OUR COMMUNICATIONS OFFICE ALSO PROVIDES CONSUMER INFORMATION AND ADVICE TO MILLIONS OF OTHERS THROUGH ITS WORK WITH THE NEWS MEDIA.</p>
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FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT

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CONTROLLED ENTITY'S NAME: CONSUMERS UNION ACTION FUND INC  
CONTROLLED ENTITY'S ADDRESS: 101 TRUMAN AVENUE  
CITY, STATE & ZIP: YONKERS, NY 10703  
EIN: 20-4780406  
TRANSFER AMOUNT: 100,000.  
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:  
LOAN

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
MICHAEL D ALESSANDRO C/O CONSUMERS UNION OF U.S. INC 101 TRUMAN AVENUE YONKERS, NY 10703	VP, EXEC OPERATIONS 35.00	349,079.	42,908.	NONE
RAHUL BELANI C/O CONSUMERS UNION OF U.S. INC 101 TRUMAN AVENUE YONKERS, NY 10703	VP, CTO 35.00	315,952.	43,637.	NONE
JEFFREY ASHER C/O CONSUMERS UNION OF U.S. INC 101 TRUMAN AVENUE YONKERS, NY 10703 THROUGH JUNE 2008	VP, TECH DIRECTOR 35.00	304,116.	51,221.	NONE
JEROLD STEINBRINK C/O CONSUMERS UNION OF U.S. INC 101 TRUMAN AVENUE YONKERS, NY 10703	VP, PUBLISHING 35.00	303,984.	44,341.	NONE
KEVIN MCKEAN C/O CONSUMERS UNION OF U.S. INC 101 TRUMAN AVENUE YONKERS, NY 10703	VP, EDITORIAL DIR 35.00	299,630.	49,047.	NONE
	TOTAL COMPENSATION	----- 1,572,761. =====	----- 231,154. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
OUTREACH ASSOCIATES INC 2100 WHATON STREET, SUITE 510 PITTSBURGH, PA 15203	PROF FUND RAISER	706,182.
RESULT ARCHITECTS 230 SADDLE HILL ROAD STAMFORD, CT 06903	CONSULTING	635,124.
KPMG PEAT MARWICK 345 PARK AVENUE NEW YORK, NY 10154	AUDITING	405,111.
ERNST AND YOUNG LLP P. O. BOX 96550 CHICAGO, IL 60693	AUDITING	367,798.
PROSKAUER ROSE LLP 1585 BROADWAY NEW YORK, NY 10036	LEGAL SERVICE	299,845.
TOTAL COMPENSATION		----- 2,414,060. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

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NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
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COMMUNICATION DATA SERVICE 1901 BELL AVENUE DES MOINES, IA 50315	FULFILLMENT SERVICE	7,827,131.
GOOGLE INC 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	SEARCH ENGINE MARKET	6,981,167.
QUEBECOR WORLD INC 3101 MCCALL DRIVE ATLANTA, GA 30340	PRINTING	6,278,454.
NEWPAGE CORPORATION 23504 NETWORK PLACE CHOCAGO, IL 60673-1235	PRINTING	2,967,518.
IPROSPECT INC 311 ARSENAL STREET WATERTWON, MA 02472	SEARCH ENGINE MARKET	2,959,187.
TOTAL COMPENSATION		----- 27,013,457. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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EXPENSE REIMBURSEMENTS FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES REPRESENT DIRECTLY RELATED EXPENSES APPLICABLE TO CARRYING OUT CONSUMERS UNION OF UNITED STATES, INC. ACTIVITIES. ALL EXPENSE REIMBURSEMENTS ARE PURSUANT TO AN ACCOUNTABLE PLAN AND DIRECTLY RELATED. SEE FORM 990 PART V FOR COMPENSATION INFORMATION.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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SEE STATEMENT 2

SCHEDULE A, PART IV-A - OTHER INCOME

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DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
OTHER REVENUE	585,574.	1,283,586.	63,782.	56,101.	1,989,043.
TOTALS	585,574.	1,283,586.	63,782.	56,101.	1,989,043.
	=====	=====	=====	=====	=====



**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning 06/01, 2007, and ending 05/31, 2008

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ See instructions.

**2007**

Return ID (20-digit number) ▶ 134073200712345700DA

Name of exempt organization  
CONSUMERS UNION OF UNITED STATES, INC.

Employer identification number  
13-1776434

Name and title of officer  
JAMES GUEST, CHIEF EXECUTIVE OFFICER

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>264414792.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) 4b		
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 54321 as my signature

ERO firm name do not enter all zeros  
on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [Signature] Date ▶ 12/18/08

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

13407311646  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ [Signature] Date ▶ 12/23/08

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**2007 990-RET ELF Status for Batch ID 3215302:**

Locator	Taxpayer Name	Client Code	Alerts	Federal Status	Date Sent	Date Ack.	Federal DCN	Debt	Service Center	State	State Status	Date Sent	Date Ack.	S I
57Q0DA	CONSUMERS UNION OF UNITED STATES, INC.	108289		Accepted	1/30/2009- 06:37:30	1/30/2009	zzzzz	N						

**1 record returned.**