	Critical Diagnostics	
	(Keep for your records)	
Name(s) as shown on return	Tax ID Number	
National Cons	53-0242038	

0001 PREVIOUSLY ACCEPTED RETURN: The return for this organization has been previously e-filed and accepted by the IRS. (IRS Business Rule R0000-932.)

## **Acknowledgement and General Information for** 2016 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number \*\*-\*\*\*2038 National Consumers League Inc Entity address 1701 K Street NW Washington, DC 20006 Thank you for participating in IRS e-file. 1. X 2016 990 income tax return for Federal was filed electronically. The electronic filing services were provided by Abercrombie and Associates LLC 2. X income tax return was accepted on 11-14-2017 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 5208662017318nvrxt41PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### 990

**Return of Organization Exempt From Income Tax** 

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For	the	2016 calend	dar year, or tax year begin	nning	, 2016, and en	ding		, 20				
В	Che	ck if a	pplicable:	C Name of organization Nati	onal Consumers League	Inc		D Emp	oloyer identification no.				
	Addr	ress c	hange	Doing business as				53-0	0242038				
	Nam	ne cha	nge	Number and street (or P.O. bo	ox if mail is not delivered to street address)		Room/suite	E Tele	phone number				
	Initia	al retur	rn	1701 K Street 1	NW		1200	(202	2)835-3323				
	Fina	l retur	n/terminated	City or town, state or province	, country, and ZIP or foreign postal code			2	2,939,732				
	Ame	ended	return	Washington, DC	20006			<b>G</b> Gro	ss receipts\$				
	Appl	lication	n pending	F Name and address of principa	al officer: Sally Greenberg		H(a) Is this a group	return for subordir	nates? Yes X No				
				Same as C above	e		H(b) Are all subor	dinates include	ed? Yes No				
ı	Tax-	exem	pt status:	501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527	If "No," a	attach a list. (se	ee instructions)				
J	Web	site:	▶ ncl	lnet.org			H(c) Group exer	mption number	<b>•</b>				
K	Form	n of or	ganization: X	Corporation Trust Ass	sociation	L Year of formation: 19	902 M State	of legal domici	le: MD				
Pa	art	I	Summar	ry									
		1	Briefly descr	ribe the organization's miss	sion or most significant activities:	NCL protects and	promotes a	social a	and economic				
4			justice	for consumers and	d workers in the United	States and abro	ad by provi	ding go	overnment,				
Activities & Governance			business	ses and other orga	anizations with the con	sumer perspectiv	e.						
rna													
ove.		2	Check this b	oox ▶ ☐ if the organization	n discontinued its operations or disp	osed of more than 25% o	f its net assets.						
٥		3	Number of v	voting members of the gove	erning body (Part VI, line 1a)			3	20				
ş		4	Number of in	ndependent voting member	rs of the governing body (Part VI, lir	ne 1b)		4	20				
viti:		5	Total numbe	er of individuals employed in	n calendar year 2016 (Part V, line 2	a)		5	21				
Ę		6	Total numbe	er of volunteers (estimate if	necessary)			6	20				
1		7a	Total unrelated	ited business revenue from	Part VIII, column (C), line 12			7a	0				
		b	Net unrelate	ed business taxable income	e from Form 990-T, line 34	<u> </u>		7b	0				
							Prior Year		Current Year				
Revenue		8	Contributions	is and grants (Part VIII, line	1h)		3,106	,953	2,883,659				
		9	Program sei	rvice revenue (Part VIII, line	e 2g)			550	150				
	•	10	Investment in	income (Part VIII, column (/	A), lines 3, 4, and 7d)		7	,060	18,533				
æ	•	11	Other revenue	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e) .		7	,865	(31,945)				
		12	Total revenu	ue - add lines 8 through 11 (	(must equal Part VIII, column (A), lir	ne 12)	3,122	,428	2,870,397				
	•	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)		45	,890	54,760				
	•	14	Benefits paid	d to or for members (Part I)	to or for members (Part IX, column (A), line 4)								
"	•	15	Salaries, oth	her compensation, employed	e benefits (Part IX, column (A), lines	s 5-10)	1,301	,620	1,480,423				
Expenses	•	16a	Professional	d fundraising fees (Part IX,	column (A), line 11e)		18	,000	23,200				
be		b	Total fundra	aising expenses (Part IX, co	olumn (D), line 25) ▶	343,242							
й	•	17	Other expen	nses (Part IX, column (A), lin	nes 11a-11d, 11f-24e)		1,029	,125	791,579				
	•	18	Total expens	ses. Add lines 13-17 (must	t equal Part IX, column (A), line 25)		2,394	,635	2,349,962				
		19	Revenue les	ss expenses. Subtract line	18 from line 12		727	<b>,</b> 793	520,435				
5	ces					E	Beginning of Current	Year	End of Year				
sets	alau	20	Total assets	s (Part X, line 16)			4,589	,583	5,080,068				
Net Assets or	2 2	21	Total liabilitie	ies (Part X, line 26)			296	,629	243,523				
$\overline{}$			Net assets of	or fund balances. Subtract	line 21 from line 20		4,292	,954	4,836,545				
	art			ure Block									
					urn, including accompanying schedules and sta ficer) is based on all information of which prepa		nowledge and belief, it	is					
	,	1			,				<del></del>				
O: -				ly Greenberg									
Sig			Signatur	ure of officer				Date					
He	re		<b>—</b>	ly Greenberg, Exec	utive Director								
			Type or	r print name and title									
_			Print/Type pre	reparer's name	Preparer's signature	Date	Check	if PTIN					
Pa				ercrombie	Tim Abercrombie	11-14-2017	self-employe	<b>P0</b>	1254858				
	•	rer		▶ Abercrom	nbie and Associates LLC	!	Firm's EIN ▶						
Us	e C	nly	Firm's addres	ss ▶ 8609 Sec	cond Avenue 507B		Phone no.						
					Spring MD 20910		30	1-585-5					
May	/ the	IRS	discuss this	s retum with the preparer sh	nown above? (see instructions) .				🛚 Yes 🗌 No				

the consum	er perspective	on health con	cerns in	ncluding me	edication s	afety. NCI	organize	ed a
groundbrea	king, national	multi-media c	ampaign	to improve	e public he	alth by ra	aising cor	nsumer
awareness	of the importa	nce of good me	dication	adherence	e.			
Other program s	services (Describe in	Schedule O.)						
(Expenses \$	440,303	including grants of	\$	2,000	) (Revenue \$		)	

1,672,531

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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		X
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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
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	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
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		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
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	Χ	
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	Χ	
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		Χ

Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			-21
-	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		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		21
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			21
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			21
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	204		21
	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		21
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		- 21
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N,	30		Λ
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		Λ
<b>J</b> 2	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		21
34	or IV, and Part V, line 1	34		Х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a		35a		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
26	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	20		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	00	<b>.</b> .	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	

#### 16) National Consumers League Inc Statements Regarding Other IRS Filings and Tax Compliance Part V

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this retum  If at least one is reported on line 2a, did the organization file all required federal employment tax retums?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  If the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:		Check if Schedule O contains a response or note to any line in this Part V			Ш
be Enter the number of Forms W-2G included in line 1a. Enter 0-1 in ort applicable   1b   0   0   Did the organization comply with booking withholding dues for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   1c   2a   Enter the number of employees reported on From W-3. Transmittal of Wage and Tax. Statements, Relief of the calendary year ending with on within the year covered by this return.   2a   21   Dif at least one is reported on From W-3. Transmittal of Wage and Tax. Statements, Relief of the calendary year ending with on within the year crequired to e-file (see instructions)   2a   Dif at least one is reported on From W-3. Transmittal of Wage and Tax. Statements, Relief or the Calendary year ending with organization file all required federal employment tax returns?   2a   Dif at least one is reported on From Each 25, you may be required to e-file (see instructions)   3a   Diff the organization have unrelated business gross income of \$1,000 or more during the year?   3a   Diff the organization have unrelated business gross income of \$1,000 or more during the year?   3a   Diff the organization as the organization have an interest in, or a signature or other authority over, a financial account is organization as bank account, securities account, or other financial accounts (reference) the organization as bank account, securities account, or other financial accounts of this properties of the foreign country   4a   Diff Yes, tenter the name of the foreign country   5a   Diff any taxable party roughly the organization from Time Relief   7a   Diff any taxable party roughly the organization that it was or its a party to a prohibited tax shelter transaction?   5a   Diff any taxable party roughly the organization that it was or its a party to a prohibited tax shelter transaction?   5a   Diff the organization and promise that was not to a party to a prohibited tax shelter transaction and the properties of the organization and the properties of the organization and the p				Yes	No
bit the organization corrophy with backup withfolding rules for reportable payments to vendors and reportable gaining (gamiling) winnings to prize winners?  2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
reportable gaming (gambing) winnings to prize winners?  Either the number of employees reported on Fine V3. Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  I all teast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is and 2a ig relater than 250, you may be required to e-file (see instructions)  I bit due organization have unrelated business gross income of \$1,000 or more during the year?  I if Y'es, I had it filed a Form 990-TT for this year? I 'No' to line 3b, provide an explanation in Schedule 0  I 'Yes, 'and it file a Form 990-TT for this year? I 'No' to line 3b, provide an explanation in Schedule 0  I 'Yes,' she the name of the foreign country (such as a bank account, securities account, or other financial account in a freign country (such as a bank account, securities account, or other financial accounts of refine productions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAX).  I 'Yes' and the sorganization aparty to a prohibited tax shelter transaction at any time during the tax year?  So bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  So bit 'Yes' and the organization in form 8886-T?  Organization solici any contributions that were not tax eductables an charitable contributions?  For organization solici any contributions that were not tax eductables an charitable contributions or gifts were not tax eductables and charitable contributions?  To organizations calcive any party in excess of \$75 made party as a contribution and partly for goods and services provided to the organization florenge, or deriverse dispose of targibite pestoral property for which it was required to file Form 8222?  To organization selection receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  To bit the	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
22 Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Stutemens, filed for the calendar year ending with or within the year covered by this return  3 I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 I we will be considered to be seen that the seen of	С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Statements, filed for the calendar year ending with or within the year covered by this return    2a   21			1c	X	
bill tal least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a  bill **Yes*, has it filed a Form 990**T for this year? **If **No* to line 3b, provide an explanation in Schedule O.  3b  A tany time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a  Did any taxable party notify the organization file Form 886-1?  5b  Did any taxable party notify the organization file Form 886-1?  5c  If **Yes* to line 5a or 5b, did the organization file Form 886-1?  5c  Does the organization vocontributions that were not tax deductable as charitable contributions?  6a  Diff the organization vocorributions that were not tax deductable as charitable contributions or gifts were not tax deductable?  7b  Organizations that may receive deductable contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7a  If **Yes*, indicate the number of Forms 8282 filed during the year  7b  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  If **Yes*, indicate the number of Forms 8282 filed during the year  Did the organization members or shareholders  1 the organization received a contribution	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a b If Yes," has it filed a Form 950-T for this year? If *No* to line 3b, provide an explanation in Schedule 0  3b A4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FFAR).  5a If Yes," enter the name of the foreign country:  5a b If Yes," enter the name of the foreign country:  5b If Yes," enter the name of the foreign country:  5c If Yes If I in 6s acr 55, did the organization that if was or is a party to a prohibited tax shetter transaction?  5b If Yes," the file organization specifies that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible organization solicid any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  6c Dose the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7c Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7c Did the organization receive a payment in excess of \$75 made party as a contribution of upon the value of the value of the goods or services provided?  7d Did the organization receive a payment in excess of \$75 made party as a contribution of upon the value of the organization foreive and payor?  7d Did the organization received a potential payment of the value of the payor?  7d Did the organization foreive and any funds, di		Statements, filed for the calendar year ending with or within the year covered by this return 2a 21			
3a Did the organization have unrelated business gross incorne of \$1,000 or more during the year?  4a Harytes, 'has it filled a Form 990-T for this year? If 'No' to fine 3b, provide an explanation in Schedule O.  4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If 'Yes,' near the name of the foreign country: >  5ce in the standard of the foreign country: >  5ce in the standard of the foreign country: >  5ce in the standard of the organization at any time during the tax year?  5c If 'Yes' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes' to line Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or this event tax deductible or this event tax deductible?  5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If 'Yes,' did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?  5c If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  5c If 'I'ves,' did the organization notify the donor of the value of the goods or services provided?  5c If 'I'ves,' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If 'I'ves,' did the organization received a contribution of qualified intellectual property, did the organization file organization have excess business holdings at any time during the year?  7d If the organization have excess business holdings at any time during the year?  7d If the o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b II "Yes," has it filled a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign county (such as a bark account, securities account, or other financial accounts in a foreign county; see the seem of the foreign county; seem of the foreign of the foreign county; seem of the foreign county; seem of the foreign county;		<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a b 11 "Yes," enter the name of the foreign country: ▶  5a einstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b ein structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization in the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6c Does the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6c Did the organizations that may receive deductible contributions under section 170(c).  7c Organizations that may receive deductible contributions under section 170(c).  7d Organizations that may receive deductible contributions under section 170(c).  7d If "Yes," indicate the number of Porms 8282?  7d If "Yes," indicate the number of Forms 8282? (filed during the year — required to tile Form 8282?  7d If "Yes," indicate the number of Forms 8282 filed during the year  7d If "Yes," indicate the number of Forms 8282 filed during the year in the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?  7f If the organization received a contribution of case, bosts, airplanes, or ather vehicles, did the organization file Form 8893 as required?  7f If the organization received a c	3a		3a		X
vover, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  **New See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions of the properties of the proper	b		3b		
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes" to line 5a or 5b, did the organization life Form 8886-T?  5c If "Yes" to line 5a or 5b, did the organization hill it was or is a party to a prohibited tax shelter transaction?  5b If "Yes" to line 5a or 5b, did the organization include with every solicitation and express statement that \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization sthat may receive deductible contributions under section 170(c).  6d Did the organization sthat may receive deductible contributions under section 170(c).  6d Did the organization notily the donor of the value of the goods or services provided?  7a Did the organization notily the donor of the value of the goods or services provided?  7b Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization neuron of Forms 8282 filed during the year  6 Did the organization neuron of Forms 8282 filed during the year personal benefit contract?  7c Did the organization neuron of Forms 8282 filed during the year.  7d Did the organization feelived a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9 If the organization feelived a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7h Sp	4a				
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  To If "Yes," indicate the number of Forms 8282 filed during the year	а		72	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	h			X	
required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7e  Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The first organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  The Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  Care Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  The Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  The Tryes," enter the amount of tax-exempt interest received or accrued during the year  13a  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves on h				21	
d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7g  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7g  If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  In thitiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12  Gross income from members or shareholders  Bection 501(c)(12) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2a Section 4967  Section 501(c)(29) qualified nonprofit health rusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  14a  Did the organization received any payme	Ū		7c		Х
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	9	Sponsoring organizations maintaining donor advised funds.			
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0				
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a Gross income from members or shareholders					
B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b Enter the amount of reserves on hand  13c Did the organization receive any payments for indoor tanning services during the tax year?  14a	1				
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Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	b	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ın-	•	40-		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	a	·	ı Ja		
the organization is licensed to issue qualified health plans	h	· · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand					
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
			14a		X

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, 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		X
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			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	7.7	
a	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40		37
_	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	•	Florida,	Maryland,	New York,	Virginia
			" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1 a a a = (a	= 0.4 ( ) (0)	

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 ☐ Upon request ☐ Other (explain in Schedule O)

Describe in 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:

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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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(1)   Jane King			(C)								
Name and Title	(A)	(B)	1						(D)	(E)	(F)
Compensation from the registrations   Compensation from the registra		1 '								, ,	
Compact   Comp								- 1			
(1) Jane King											
(1) Jane King		1	Indiv or di	Instit	Offic	Key	High	Form		(W-2/1099-MISC)	
(1) Jane King		"	idual ecto	ution	ª	empi	est c oyee	ēr	(W-2/1099-MISC)		_
(1) Jane King		line)	trus	al tro		oyee	omp				organizations
(1) Jane King			lee	istee			ensa				
Director							ted				
Director											
(2) Pastor Herrera Jr.	(1) Jane King	1.00									
Director	-		X							0 0	0
3) Debra Berlyn   2.00   X		1.00									
Secretary			X							0 0	0
(4) Joan Bray		2.00									
Treasurer			X		X					0 0	0
S   Jack Blum		2.00	3.7		٠,						_
Counsel			X		X					0 0	0
(6)   Kenneth Edwards		2.00	3.7								
Board Chair			X							0 0	0
The content of the		2.00	\ v		\ \						
Director		1 00	Λ							0	0
(8) Hilary Doe		- 1.00	v								
Director		1 00	Λ							U U	0
(9) Greg Jefferson       2.00       X       X       0       0       0         Vice Chair       X       X       0       0       0         (10)Roger Johnson       1.00       X       0       0       0         Director       X       0       0       0       0         (11)Norma Flores Lopez       1.00       X       0       0       0         Director       X       0       0       0       0         (12)Bob Russo       1.00       X       0       0       0         Director       X       X       0       0       0         (13)Cleo Manuel Stamatos       2.00       X       X       0       0       0         Vice Chair       X       X       X       0       0       0       0         (14)Moses Boyd       1.00       0       0       0       0       0       0       0		1.00	v								0
Vice Chair         X         X         X         X         X         0         0         0           (10)Roger Johnson         1.00         X         0	-	2 00	21							0 0	0
(10)Roger Johnson     1.00       Director     X       (11)Norma Flores Lopez     1.00       Director     X       (12)Bob Russo     1.00       Director     X       (13)Cleo Manuel Stamatos     2.00       Vice Chair     X       X     X       (14)Moses Boyd     1.00			x		x					0	0
Director         X         0         0         0           (11)Norma Flores Lopez         1.00         <		1.00	21		25					0	
(11)Norma Flores Lopez			x							0	0
Director		1.00									
(12)Bob Russo     1.00       Director     X       (13)Cleo Manuel Stamatos     2.00       Vice Chair     X       (14)Moses Boyd     1.00			X							0	0
Director         X         0         0         0           (13)Cleo Manuel Stamatos         2.00         X         X         0         0         0           Vice Chair         X         X         X         0         0         0           (14)Moses Boyd         1.00         0         0         0         0         0		1.00									
(13)Cleo_Manuel Stamatos         2.00         X         X         X         0         0         0           Vice Chair         X         X         X         0         0         0           (14)Moses_Boyd         1.00         0         0         0         0         0			X							o	0
Vice Chair         X         X         X         0         0         0           (14)Moses_Boyd         1.00         0 </td <td>(13)Cleo Manuel Stamatos</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(13)Cleo Manuel Stamatos	2.00									
	Vice Chair		X		X					00	0
Director         X         0         0         0	(14)Moses_Boyd	1.00									
	Director		X							0 0	0

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Part VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hiç	ghes	t Comp	en	sated Employees	(continued)	
					C)					
(A)	(B)	(do n	ot obe		ition	on one		(D)	(E)	(F)
Name and title	Average	1 '				an one both an		Reportable	Reportable	Estimated
	hours per					trustee)		compensation	compensation from	amount of
	week (list any	9.5	5 5	c	2	역 표	Ţ	from the	related organizations	other compensation
	hours for related	or director	Institutional trust	Officer	Key employee	nplo	Forme	organization	(W-2/1099-MISC)	from the
	organizations	ctor	ti on	_	mplo	st co	۳	(W-2/1099-MISC)	(	organization
	below dotted	l inds	al tro		уее	Jmp				and related
	line)	d d	stee			Highest compensated employee				organizations
						ted				
(15)Dono 1 d. Dinhonk	1 00									
(15)Ronald Airhart	1.00	X						0	0	0
(40) = 1' = '	1.00	Λ.							0	<u> </u>
Director		X						0	0	0
(17)Richard Fiesta	1.00	21							•	
Director		X						0	0	0
(18)Bridget Martin	1.00									
Director		X						0	0	0
(19)Susanna Montezemolo	1.00									
Director		X						0	0	0
(20)Robyn Robbins	1.00									
Director		X						0	0	0
(21)Sally Greenberg	40.00									
Executive Director				X				164,555	0	6,760
(22)Terry Kush	40.00									
Managing Director/CFO				X				107,571	0	25,843
(23)										
(24)										
(25)										
(20)										
1b Sub-total			• •	• •						
c Total from continuation sheets to Part VII, Section	n A									
d Total (add lines 1b and 1c)								272,126	0	32,603
2 Total number of individuals (including but not limited									<u> </u>	02,000
reportable compensation from the organization			,						2	
										Yes No
3 Did the organization list any former officer, directo	r, or trustee,	key e	mplo	yee	, or l	highest	con	npensated		
employee on line 1a? If "Yes," complete Schedule	J for such in	dividu	al							3 X
4 For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	ion a	ınd c	ther	compe	nsat	ion from the		
organization and related organizations greater than										
individual										4 X
5 Did any person listed on line 1a receive or accrue co										
for services rendered to the organization? If "Yes,"			-			-				5 X
Section B. Independent Contractors	complete of	cricaa	10 0 1	101 3	uon	person				3   21
Complete this table for your five highest compensate	d independe	nt cont	racto	ors t	hat r	eceived	l mo	ore than \$100,000	of	
compensation from the organization. Report compe										
year.	ioation to the	o oaioi	iuui	you	. 0	anig with	0.	With the organiz	anono tax	
(A)								(B)		(C)
Name and business address								Description of	services	Compensation
1701 K, LLC, Two Wisconsin Circle Suit	e 1050.	MD 2	2081	15				rent		205,306
-								1		
2 Total number of independent contractors (including	but not limite	ed to th	nose	liste	d ab	ove) wł	no			

received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contain	s a response or r	ote to any line in thi	s Part VIII	<u>.</u>		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
s	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	319,064				
A G	С	Fundraising events		707,930				
Sifts ilar	d	Related organizations						
is, C	е	Government grants (contribution	ons) <b>1e</b>	70,100				
tion er (	f	All other contributions, gifts, gra	ants,					
들ㅎ		and similar amounts not include	ed above 1f	1,786,565				
ont	g	Noncash contributions included	d in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f			2,883,659			
				Business Code				
une	2a	Publications sales		900099	150	150		
Program Service Revenue	b							
ie E	1							
Serv								
Ë	е							
go	f	All other program service reven	ue					
	g	Total. Add lines 2a-2f	. <b></b> .		150			
	3	Investment income (including div	vidends, interest,					
		and other similar amounts)		+	15,698			15,698
	4	Income from investment of tax-e		+				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents	7,26	4				
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)	· · · · · · · · ·		7,264			7,264
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,83	5				
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
a)		Net gain or (loss)			2,835			2,835
enne	ва	Gross income from fundraising						
eve		events (not including \$						
Other Rev		of contributions reported on line	*	25.050				
₹	h	See Part IV, line 18 Less: direct expenses		37,070 69,335				
J		Net income or (loss) from fundra			(32,265)			(32,265)
	l .	Gross income from gaming activ	-		(32,203)	,		(32,203)
	Ja	See Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gamir		•				
		· · · · · · ·	ig dollvilles					
	10a	Gross sales of inventory, less returns and allowances	а					
	b	Less: cost of goods sold						
		Net income or (loss) from sales		<b>•</b>				
		Miscellaneous Revenue	or inventory : :	Business Code				
	11a	Other income		900099	(6,944)	)		(6,944)
	b			20000	(0,511)	,		(3,311)
	c							
		All other revenue						
		<b>Total.</b> Add lines 11a-11d			(6,944)	)		
		Total revenue. See instructions		-	2,870,397	150		0 (13,412)

#### 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 (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 54,760 54,760 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, 304,729 207,664 52,588 44,477 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ...... 7 899,845 613,218 155,289 131,338 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 28,282 19,470 4,665 4,147 9 160,740 110,657 26,515 23,568 10 86,827 59,170 14,984 12,673 11 Fees for services (non-employees): b Legal...... 68,075 11,928 3,970 52,177 d Professional fundraising services. See Part IV, line 17 . 23,200 23,200 Investment management fees ....... f 3,344 3,344 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 173,842 132,961 4,617 36,264 12 13 116,649 88,753 8,690 19,206 14 7,809 57,178 42,593 6,776 15 26<u>,4</u>44 16 181,180 123,469 31,267 17 65,147 53,818 5,725 5,604 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 87,166 86,990 176 20 21 22 Depreciation, depletion, and amortization . . . . . . 27,352 18,640 4,720 3,992 23 8,191 1,872 11,646 1,583 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d е All other expenses **Total functional expenses.** Add lines 1 through 24e 25 2,349,962 1,672,531 334,189 343,242 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 Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	. <b></b>		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,776,512	1	2,634,970
Ø	2	Savings and temporary cash investments	1,017,647	2	1,001,300
	3	Pledges and grants receivable, net	214,596	3	331,651
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	19,966	9	38,678
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D   10a   152,296			
	b	Less: accumulated depreciation	33,172	10c	15,451
	11	Investments - publicly traded securities	501,667	11	1,038,938
	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	26,023	15	19,080
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,589,583	16	5,080,068
	17	Accounts payable and accrued expenses	240,479	17	170,374
	18	Grants payable	210,175	18	2707371
	19	Deferred revenue		19	25,000
	20	Tax-exempt bond liabilities		20	23,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons. Complete Part II of Schedule L		22	
Ë	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	56,150	25	48,149
	26	Total liabilities. Add lines 17 through 25	296,629	26	243,523
		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ 🗓 and			
"		complete lines 27 through 29, and lines 33 and 34.			
ce	27	Unrestricted net assets	3,356,326	27	3,902,120
alar	28	Temporarily restricted net assets	924,271	28	922,068
В	29	Permanently restricted net assets	12,357	29	12,357
Ë.		Organizations that do not follow SFAS 117 (ASC 958), check here	12,007		22,037
or F		complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	4,292,954	33	4,836,545
	34	Total liabilities and net assets/fund balances	4,589,583	34	5,080,068
			-, 300, 000		_,,,,,,,,

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	2	2,87	70,3	397
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,34	19,9	62
3	Revenue less expenses. Subtract line 2 from line 1	3		52	20,4	135
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	.,29	92,9	54
5	Net unrealized gains (losses) on investments	5		- 2	23,1	.56
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 in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4	1,83	36,5	45
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  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		X
	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?		2	b	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:					
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?		2	С	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
За	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?		3	a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			$\top$		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		з	b		
FA	· · · · · · · · · · · · · · · · · · ·		Fo	rm 9	90 (2	2016)

#### SCHEDULE A

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016 Open to Public Inspection

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

National Consumers League Inc 53-0242038 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 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 7 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. e Line Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, 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 (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes (A) (B) (C) (D) (E)

53-0242038

Schedule A (Form 990 or 990-EZ) 2016

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II (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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,277,420	3,063,744	2,146,713	2,627,866	2,436,065	12,551,808
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						
4	<b>Total.</b> Add lines 1 through 3	2,277,420	3,063,744	2,146,713	2,627,866	2,436,065	12,551,808
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)						2,140,457
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						10,411,351
	tion B. Total Support	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	2,277,420	3,063,744	` '	` '		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar		, ,	2,146,713	2,627,866		12,551,808
	sources	34,871	41,023	61,986	50,351	22,962	211,193
9	Net income from unrelated business activities, whether or not the business is regularly carried on				7,520		7,520
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		150		,		150
11	<b>Total support.</b> Add lines 7 through 10.		130				12,770,671
12	Gross receipts from related activities, etc. (s	see instructions) .				12	3,127
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,					_
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2016 (line 6, o	.,,	•	))		14	81.53 %
15	Public support percentage from 2015 Sched						75.99 %
16a	33 1/3% support test - 2016. If the organize						
	box and <b>stop here.</b> The organization qualit		•			• • • • • • • • •	▶ 🛚 🗵
b	33 1/3% support test - 2015. If the organize						
	this box and <b>stop here.</b> The organization of						▶ ⊔
17a	10%-facts-and-circumstances test - 2010	•					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		_				
h	organization						▶ ⊔
b	<b>10%-facts-and-circumstances test - 201</b> 15 is 10% or more, and if the organization	ŭ		•		IIIIC	
	Explain in Part VI how the organization mee			·	•	N	
	supported organization			•	•	•	▶ □
18	<b>Private foundation.</b> If the organization did						
	instructions						▶ □

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

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
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 line 6.)						
	ction B. Total Support		1		_	1	
	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su	_					
15	Public support percentage for 2016 (line 8, co	( )	, ,	f))		15	%
16	Public support percentage from 2015 Schedul					16	%
	ction D. Computation of Investmer					T I	
17	Investment income percentage for 2016 (line						%
18	Investment income percentage from 2015 Sc	·	•			18	%
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and <b>stop here.</b>	eck the box on line The organization qu	14, and line 15 is lualifies as a public	more than 33 1/3% ly supported organ	, and line iization	▶ □
b	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ □

Part IV Supporti

#### Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b	000	E7) 2044

Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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 the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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 prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 during the year (see in	struc	tions)	):
a				
b				
C		see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	ZU		
э a				
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	itions	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ons A through E.
Section 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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4 unless subject to			

**7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

6

EEA

emergency temporary reduction (see instructions)

53-024203	٤
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	ule A (Form 990 or 990-EZ) 2016 National Consumers League		53-024	<b>12038</b> Page <b>7</b>
Par	, , , , , , , , , , , , , , , , , , , ,	s) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(ii)	
5	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			

e Excess from 2016

	m 990 or 990-EZ) 2016	National Consumer	s League Inc	53-0242038	Page 8
Part VI		ormation. Provide the	explanations required by P	art II, line 10; Part II, line 17a or 17b	
				, 9c, 11a, 11b, and 11c; Part IV, Sec	
				2 and 3; Part IV, Section E, lines 1c,	
				D, lines 5, 6, and 8; and Part V, Sec	
			or any additional information		
		ioo oop.o.to uo pairtis		(000	
01. Un	usual grants	(Part II or Pa	art III, line 1)		
Unusual	grants: 2016 \$39	,390 and \$408,204			

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

Department of the Treasury Internal Revenue Service

Name of the organization

National Consumers League Inc

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Employer identification number** 

53-0242038

Organization type (check one):						
Filers o	f:	Section:				
Form 99	90 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	90-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 i	f your organization is cove	ered by the <b>General Rule</b> or a <b>Special Rule</b> .				
Note: C		8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	regulations under sections 13, 16a, or 16b, and that	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	-	't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
National Consumers League Inc

Employer identification number

53-0242038

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_1_	Google, Inc.  PO Box 2050  Mountain View, CA 94042	\$160,000	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2_	Beef Products, Inc.  891 Two Rivers Drive  North Sioux City, SD 57049	\$ 85,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Merck 601 Pennsylvania Ave NW Ste 1200 Washington, DC 20004	\$85,000	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Pharmaceutical Research & Manuf Am  950 F Street NW Suite 300  Washington, DC 20004	\$175,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	McNeil Consumer Healthcare  7050 Camp Hill Road  Fort Washington, PA 19034	\$ 250,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Underwriter Laboratories  333 Pfingsten Road  Northbrook, IL 60062	\$65,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			

Name of organization
National Consumers League Inc

Employer identification number 53-0242038

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 7 Enterprise Holdings Pavroll Noncash 100,000 600 Corporate Drive (Complete Part II for noncash contributions.) Saint Louis, MO 63105 (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 8 Food and Drug Administration Payroll Noncash 70,100 5630 Fishers Lane (Complete Part II for Rockville, MD 20857 noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 9 Alston & Bird LLP Person X Pavroll Noncash 408,204 950 F Street NW (Complete Part II for Washington, DC 20004 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 10 America's Health Insurance Plans Pavroll Noncash 601 Pennsylvania Ave NW Ste 500 102,500 (Complete Part II for Washington, DC 20004 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 11 Experian Payroll Noncash 75,000 701 Experian Pkwy (Complete Part II for Allen, TX 75013 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person X 12 Consumer Healthcare Products Assoc. Payroll \$ Noncash 1625 Eye Street NW Ste 600 111,500 (Complete Part II for noncash contributions.) Washington, DC 20006

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.			
Nam	e of organization			Employer	identification number
Na	tional Consumers League Inc			53-024	
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization's	s direct and indirect political campaign a	ctivities in Part IV.	(see instructions for	
	definition of "political campaign activities"	,			
2	Political campaign activity expenditures (s	see instructions)		▶ \$	
3	Volunteer hours for political campaign act	ivities (see instructions)			
Pa	rt I-B Complete if the organ	ization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incurre			<del></del>	
2	Enter the amount of any excise tax incurre	ed by organization managers under sec	ion 4955	▶ \$	
3	If the organization incurred a section 4955	5 tax, did it file Form 4720 for this year?			. Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organ	ization is exempt under section	on 501(c), exc	ept section 501(c)(3	3).
1	Enter the amount directly expended by the		•		
	activities			▶ \$	
2	Enter the amount of the filing organization				
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add I				
	line 17b				
4	Did the filing organization file Form 1120	<b>P-POL</b> for this year?			. Yes No
5	Enter the names, addresses and employe	r identification number (EIN) of all section	on 527 political org	anizations to which the fili	ng
	organization made payments. For each or	ganization listed, enter the amount paid	from the filing orga	nization's funds. Also ente	r
	the amount of political contributions receive		•		
	as a separate segregated fund or a politi	cal action committee (PAC). If additional	space is needed,	provide information in Part	IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sche		mers League Inc	53-02420	
Pa	rt II-A Complete if the organization	is exempt under section 501(c)(3) and filed	Form 5768 (elect	ion under
	section 501(h)).			
Α	Check ▶ ☐ if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group m	iember's	
	name, address, EIN, expenses, and	share of excess lobbying expenditures).		
В	Check   if the filing organization checked box	A and "limited control" provisions apply.		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	nion (grass roots lobbying)	4,202	
b	Total lobbying expenditures to influence a legislative	ve body (direct lobbying)	13,601	
С	Total lobbying expenditures (add lines 1a and 1b)		17,803	
d			2,332,159	
е	Total exempt purpose expenditures (add lines 1c a	nd 1d)	2,349,962	
f	Lobbying nontaxable amount. Enter the amount fro	m the following table in both		
	columns.		267,498	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	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.		
g	Grassroots nontaxable amount (enter 25% of line	1f)	66,875	
h	Subtract line 1g from line 1a. If zero or less, enter-	0		
i	Subtract line 1f from line 1c. If zero or less, enter -0	)		

#### 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 separate instructions for lines 2a through 2f.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

	Lo	bbying Expenditures Du	ıring 4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) Total
2a	Lobbying nontaxable amount	286,472	289,198	269,732	267,498	1,112,900
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,669,350
С	Total lobbying expenditures	14,652	13,929	11,905	17,803	58,289
d	Grassroots nontaxable amount	71,618	72,300	67,433	66,875	278,226
е	Grassroots ceiling amount (150% of line 2d, column (e))					417,339
f	Grassroots lobbying expenditures	7,119	6,411	5,509	4,202	23,241

Schedule C (Form 990 or 990-EZ) 2016

☐ No

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)).

descrip		(a	٠,		၁)
•	ch "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	V	Nia		
1 Du	tion of the lobbying activity.	Yes	No	Amo	unt
	uring the year, did the filing organization attempt to influence foreign, national, state or local				
-	gislation, including any attempt to influence public opinion on a legislative matter or				
	ferendum, through the use of:				
	plunteers?				
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	edia advertisements?				
	ailings to members, legislators, or the public?				
	ublications, or published or broadcast statements?				
	rants to other organizations for lobbying purposes?				
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				-
	ther activities?				
	otal. Add lines 1c through 1i				
•	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	"Yes," enter the amount of any tax incurred under section 4912				
	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part II		(5), c	or se	ction	
	501(c)(6).	,,			
				Y	es N
1 We	ere substantially all (90% or more) dues received nondeductible by members?			1	
	d the appearance and a policy production becomes labely in a company discovery of \$0,000 and account				
	d the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
2 Did 3 Did	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR	(5), c	r se	3 ction	e 3, is
2 Did 3 Did Part II	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."	(5), c	or se Part	3 ction	e 3, is
2 Did 3 Did Part II	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?    II-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)    501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."    Just	(5), c	r se	3 ction	e 3, is
2 Did 3 Did Part II 1 Du 2 Se	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."  Les, assessments and similar amounts from members	(5), c	or se Part	3 ction	e 3, is
2 Did 3 Did Part II 1 Du 2 Se po	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?    II-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."    Uses, assessments and similar amounts from members	(5), o	or se Part	3 ction	e 3, is
2 Dio 3 Dio Part II  1 Du 2 Se po a Cu	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?    II-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."    Uses, assessments and similar amounts from members	(5), c	or se Part	3 ction	e 3, is
2 Dio 3 Dio Part II 1 Du 2 Se po a Cu b Ca	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?    II-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."    Uses, assessments and similar amounts from members	(5), c	or se Part	3 ction	e 3, is
2 Dio 3 Dio Part II 1 Du 2 Se po a Cu b Ca c To	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."  Les, assessments and similar amounts from members	(5), o	pr ser Part	3 ction	e 3, is
2 Dio 3 Dio Part II  1 Du 2 Se po a Cu b Ca c To 3 Ag	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."  Less, assessments and similar amounts from members	(5), o	or separt  1  2a  2b  2c	3 ction	e 3, is
2 Dio 3 Dio Part II  1 Du 2 Se po a Cu b Ca c To 3 Ag 4 If r	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."  Les, assessments and similar amounts from members Lection 162(e) nondeductible lobbying and political expenditures (do not include amounts of colitical expenses for which the section 527(f) tax was paid).  Lurrent year Larryover from last year Larryover from last year Larryogregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Larryover from last year	(5), o	or separt  1  2a  2b  2c	3 ction	e 3, is
2 Dio 3 Dio Part II  1 Du 2 See po a Cu b Ca c To 3 Ag 4 If r	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?    II-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."    Just a proposition of the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."    Just a proposition of the section 501(c)(4), section 501(c)(6)   Just a proposition of the section 501(c)(4), section 501(c)(6)   Just a proposition of the section 501(c)(4), section 501(c)(6)   Just a proposition of the section 501(c)(4), section 501(c)(4), section 501(c)(6)   Just a proposition of the section 501(c)(4), section 501(c)(4), section 501(c)(6)   Just a proposition of the section 501(c)(4), section 501(c)(4), section 501(c)(6)   Just a proposition of the section 501(c)(4), section 501(	(5), o	or separt  1  2a  2b  2c	3 ction	e 3, is
2 Did 3 Did Part II  1 Du 2 Se po a Cu b Ca c To 3 Ag 4 If r ex.	d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."  Les, assessments and similar amounts from members  Lection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Lurrent year  Larryover from last year  Larryover from last year  Larryover from last year  Larryover from last year  Larryover section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Larryover section agree to carryover to the reasonable estimate of nondeductible lobbying	(5), c	or ser Part	3 ction	e 3, is

#### **SCHEDULE D** (Form 990)

### **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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Open to Public Inspection

Name	of the organization	Employer identification number
Nat	tional Consumers League Inc	53-0242038
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	1
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	е
	conferring impermissible private benefit?	
Pai	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		rically important land area
	Protection of natural habitat Preservation of a certif	fied historic structure
	Preservation of open space	
2	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
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	vation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
_	<b>&gt;</b> \$	\\(\(\mathbf{C}\)\(\mathbf{C}\)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	s that describes the
Pai	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Sillilai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	ent and halance sheet
ıa	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	
~	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ga, p. 31100 110
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
h	Assets included in Form 990 Part X	• ¢

Pa	rt III   Organizations Maintaining Col	lections of Ar	t, Historicai Tr	easures,	or Otne	er Similar As	sets (co	ntinue	<del>2</del> a)
3	Using the organization's acquisition, accession, and	other records, che	eck any of the follow	ving that are	a significa	nt use of its			
	collection items (check all that apply):	_							
а	Public exhibition	<b>d</b> Loan	or exchange progra	ams					
b	Scholarly research	e U Othe	r						
С	Preservation for future generations								
4	Provide a description of the organization's collection	ns and explain hov	v they further the org	ganization's e	exempt pu	ırpose in Part			
	XIII.								
5	During the year, did the organization solicit or receive	ve donations of art	, historical treasures	s, or other sin	nilar				
	assets to be sold to raise funds rather than to be m	aintained as part o	of the organization's	collection?			<u>. '</u>	Yes	No
Pa	rt IV Escrow and Custodial Arranger								
	Complete if the organization answ 990, Part X, line 21.	vered "Yes" on	Form 990, Par	t IV, line 9	, or repo	orted an amo	unt on Fo	orm	
1a	Is the organization an agent, trustee, custodian or or	ther intermediary fo	or contributions or o	ther assets r	ot				
	included on Form 990, Part X?						🗆 '	Yes [	No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following	ng table:						
						Ar	mount		
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 Form 99	0, Part X, line 21, f	or escrow or custod	dial account li	ability?		🔲 '	Yes	No
b	If "Yes," explain the arrangement in Part XIII. Check	k here if the explar	nation has been prov	vided on Part	XIII .			[	
Pa	rt V Endowment Funds.		•						
	Complete if the organization answ	vered "Yes" on	Form 990, Par	t IV, line 1	0.				
	·	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Fou	ır years b	ack
1a	Beginning of year balance	12,357	12,357		,357	12,35		12,3	
b	Contributions				,				
C	Net investment earnings, gains, and								
·	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
·	programs								
f	Administrative expenses				+				
	End of year balance	12,357	12,357	1.0	,357	10 25	7	10	257
g 2	Provide the estimated percentage of the current year				,337	12,35	<u>/</u>	12,3	337
	Board designated or quasi-endowment	%	e rg, coluinii (a)) ne	au as.					
a b		/0							
	Permanent endowment 100.00 %	%							
С	Temporarily restricted endowment								
2-	The percentages in lines 2a, 2b, and 2c should equa		4h-4 h -		41				
3a	Are there endowment funds not in the possession of	or the organization	that are neld and ad	aministerea 1	or the			Vaa	Na
	organization by:						0-(1)	Yes	No
	(i) unrelated organizations						. 3a(i)		X
	(ii) related organizations						. 3a(ii)	-	X
b	If "Yes" on 3a(ii), are the related organizations listed	•		• • • • • •			. 3b		
4	Describe in Part XIII the intended uses of the organ		ent funds.						
Pa	rt VI Land, Buildings, and Equipmen		Forms 000 D	4 11/ 1: 4	40 0	Farm 000 5	ant V II :	- 40	
	Complete if the organization answ								
	Description of property	(a) Cost or other	' '	or other basis		ccumulated	( <b>d</b> ) Boo	ok value	
		(investmer	nt) (	other)	de	preciation			
1a	Land	•							
b	Buildings	•							
С	Leasehold improvements	•							
d	Equipment	•		152,296		136,845		15,4	451
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X	, column (B), line 1	0c.)				15,4	451

Schedule D (Form	990) 2016 National Consum Investments - Other Securities.	ers readne TUC	53-02	<b>42038</b> Page :
Part VII	Complete if the organization answered	d "Yes" on Form 990 F	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 valuati Cost or end-of-year market	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	d "Yes" on Form 990, F	Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
-	Complete if the organization answered	d "Yes" on Form 990, F	Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	escription		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15	5)		
Part X	Other Liabilities.	<i>h.)</i>	· · · · · · · · · · · · · · · · · · ·	
I all A	Juici Liavilluca.			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		
(2) Deferre	ed rent		48,149
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) m	nust equal Form 990, Part X, col. (B) line 25.)	<b>•</b>	48,149

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,959,544
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)         2d         65,991		
е	Add lines 2a through 2d	2e	89,147
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,870,397
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4-	
c	Add lines 4a and 4b	4c 5	0 000 200
5 <b>D</b> 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,870,397
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Kett	II I I .
1	Total expenses and losses per audited financial statements	1	2 415 052
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2,415,953
a	Donated services and use of facilities		
_	Prior year adjustments		
b	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	65,991
3	Subtract line 2e from line 1	3	2,349,962
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	2,349,902
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	2,349,962
	rt XIII Supplemental Information.	<u> </u>	2,343,302
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, l	rt X line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	77, 1110	
_,	it 71, into 20 and 45, and 1 at 711, into 20 and 45. 7150 complete this part to provide any additional information.		
01	. Endowment funds intended uses (Part V, line 4)		
<u> </u>	Discommend Lands Lineciaca abeb (Lane V) Line L)		
The	endowment was donor-created to provide income to support NCL's mission and p	urnose	<b>.</b>
	ondermone was denot bloaded to plotted income to support wer s mission and p	urpobe	•

02. Other revenues not included on Form 990 (Part XI, line 2d)
Special event expenses of \$69,335 are netted against revenue on the 990 but are shown as
expenses on the audited financial statements.
Investment fees of \$3,344 are netted against revenue on the audited financial statements
but are shown as expenses on the 990.
03. Other expenses not included on Form 990 (Part XII, line 2d)
Special event expenses of \$69,335 are netted against revenue on the 990 but are shown as
expenses on the audited financial statements.
Investment fees of \$3,344 are netted against revenue on the audited financial statements
but are shown as expenses on the 990.
04. Footnote for uncertain tax position under FIN 48 (Part X)
The Financial Accounting Standards Board (FASB) has released FASB ASC 740-10, Income
Taxes, that provides guidance for reporting uncertainty in income taxes. For the year
ended December 31, 2016, the National Consumers League has documented its consideration of
FASB ASC 740-10 and determined that no material uncertain tax positions qualify for either
recognition or disclosure in the financial statements. The Federal Form 990, Return of
Organization Exempt from Income Tax, is subject to examination by the Internal Revenue
Service generally for three years after it is filed. Tax years ending December 31, 2015,
2014 and 2013 remain open with both Federal and state taxing authorities.

EEA Schedule D (Form 990) 2016

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

varie of the organization					Linployer ident	incation number
National Consumers League I					53-024	
Part I Fundraising Activities	•	_		swered "Yes" on F	Form 990, Part IV, I	ine 17.
Form 990-EZ filers are no	·	•		Con Observation II that are	-1.	
1 Indicate whether the organization rai	sea tunas tnrougn		_			
a X Mail solicitations				of non-government gra	nts	
<b>b</b> X Internet and email solicitations				of government grants		
c Phone solicitations		g 🛚	Special fund	draising events		
d ☑ In-person solicitations						
2a Did the organization have a written of	or oral agreement	with any indiv	idual (includ	ing officers, directors, t	trustees,	
or key employees listed in Form 990	, Part VII) or entity	in connectio	n with profes	ssional fundraising ser	vices? X Yes	s 🗌 No
<b>b</b> If "Yes," list the 10 highest paid indivi	duals or entities (	fundraisers) p	oursuant to a	greements under which	h the fundraiser is to be	
compensated at least \$5,000 by the	organization.					
		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity	(or retained by)	(or retained by)
or critity (randraisor)		contrib	utions?	nom donvity	fundraiser listed in col. (i)	organization
		Yes	No			
1 Carole Berke & Associates	special					
7412 Oak Lane, MD 20815	event		X	745,000	23,200	721,800
2	evenc		21	745,000	23,200	721,000
2						
3						
3						
4						
5						
6						
7						
8						
9						
•						
10						
10						
Total				745,000	23,200	721,800
3 List all states in which the organizatio	n is registered or l	icensed to so	licit contribu	tions or has been notif	ied it is exempt from	
registration or licensing.						
District of Columbia, Flori	da, Marylan	d, New Yo	ork, Vir	ginia		

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		than \$15,000 of fundraising gross receipts greater than	\$5,000			
		grood receipte greater than	(a) Event #1 Trumpeter	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	745,000			745,000
Œ	2	Less: Contributions	707,930			707,930
		line 2)	37,070			37,070
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	46,743			46,743
Dire	8	Entertainment				
	9	Other direct expenses	22,592			22,592
	10	Direct expense summary. Add lines	• ,			69,335
Pa	11 Irt II	Net income summary. Subtract line  Gaming. Complete if the o				(32,265) more
		than \$15,000 on Form 990	-	•		
		(lial) \$15,000 on Folili 990	-EZ, line 6a.			
venue		(Hall \$13,000 off Form 990	-EZ, IINE 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			(c) Other gaming	
Revenue		Gross revenue			(c) Other gaming	
	1 2				(c) Other gaming	
		Gross revenue			(c) Other gaming	
Direct Expenses Revenue	2	Gross revenue			(c) Other gaming	
rect Expenses	2	Gross revenue	(a) Bingo	bingo/progressive bingo		
rect Expenses	2 3 4	Gross revenue			(c) Other gaming  Yes % No	
rect Expenses	2 3 4 5	Gross revenue	(a) Bingo  Yes %  No	bingo/progressive bingo  Yes %  No	☐ Yes%	
rect Expenses	2 3 4 5	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)	bingo/progressive bingo  Yes %  No	☐ Yes% ☐ No	
rect Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d) ract line 7 from line 1, column (d)	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d) ract line 7 from line 1, column (d) ract line 7 from line 1, column (d)	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En is is if "	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)  ract line 7 from line 1, column ion conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % ☐ No	col. (a) through col. (c)
9 a b	2 3 4 5 6 7 8 En Iss of If "	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d) ract line 7 from line 1, column (d) ion conducts gaming activities in each of the column (d) idenses revoked, suspendents	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes% ☐ No	col. (a) through col. (c)

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public

Inspection

Name of the organization Employer identification number National Consumers League Inc 53-0242038 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (q) Description of (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ...... 3 Enter total number of other organizations listed in the line 1 table

(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
holarships/Stipends	71	54,760			
IV Supplemental Information. Pro	vide the information re	guired in Part I. line	2. Part III. colum	n (b), and any other addi	tional information.
equires proof of acceptance/enr	COTIMENT INCO a USA	College belore	releasing lun	as.	

#### **SCHEDULE J** (Form 990)

Department of the Treasury

**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.

OMB No. 1545-0047

2016

Open to Public Inspection

Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number National Consumers League Inc 53-0242038 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	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			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
		_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	7 to this cook of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а		4a		X
b		4b		X
C		4c		X
٠	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		21
	The storage of this start persons and provide the applicable amounts for each terminal art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the revenues of:			
а		5a		Х
b		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
h	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		-22
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	,		22
•	Regulations section 53.4958-6(c)?	9		

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

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

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

	,		W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
Sally Greenberg	(i)	164,555	0	0		0 6,760	171,315	0
1 Executive Director	(ii)	0	0	0		0 0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
_	(i)							
8	(ii)							
_	(i)							
9	(ii)							
40	(i)							
10	(ii)							
44	(i)							
11	(ii)							
12	(i) (ii)							
12	(i)							
13	(i) (ii)							
13	(i)							
14	(i) (ii)							
17	(i)							
15	(i) (ii)							
10	(i)							
16	(ii)							
10	ויין		l .	l .	l	1		

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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service
Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

National Consumers League Inc 53-0242038 01. Form 990 governing body review (Part VI, line 11) A draft copy of the 990 is provided to the board of directors after an initial review by the executive director and director of finance and operations. 02. Conflict of interest policy compliance (Part VI, line 12c) NCL discusses policy and relevant issues throughout the year as a board to ensure compliance with its mission. This is a way to engage board members and gather their support while being made aware of any conflicts of interest. Board members also complete conflict of interest forms. 03. CEO, executive director, top management comp (Part VI, line 15a) The board approves the salary of the executive director based on comparable rates for nonprofits of comparable size. The executive committee of the board discusses and approves any salary increases for the executive director. 04. Governing documents, etc, available to public (Part VI, line 19) NCL makes its governing documents, conflict of interest policy and financial statements available to the public upon request. The 990 is available online at Guidestar. 05. List of other fees for services expenses (Part IX, line 11g) Program services Program consultants: 47,504; Design/graphics consultants 49,592; Professional research consultants 3,629; Field organization consultants: 8,000; Public relations 9,236; Event planning 15,000

# Statement of Program Service Accomplishments Name(s) as shown on return National Consumers League Inc Statement of Program Service Accomplishments Your Social Security Number 53-0242038

#### Form 990-Part III(a)

Statement #4

Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$279646

Grants and allocations included in above expense \$0

Program Services Revenue \$0

#### Explanation

Fraud Center - NCL organizes an alliance against fraud in telemarketing and internet consisting of over seventy government, business, union and consumer organizations to educate the public.

#### **Statement of Program Service Accomplishments** 2016 PG01 Your Social Security Number National Consumers League Inc 53-0242038

Form 990-Part III(b)

Statement #4

Statement of Service Accomplishment

Program Service Code Program Service Expenses \$160657 Grants and allocations included in above expense \$2000 Program Services Revenue \$0

Explanation

Name(s) as shown on return

Fair Labor - NCL conducts major projects on child labor, wage theft and paid sick leave to alert the public concerning rights and responsibilities regarding Fair Labor Standards Act and international codes of conduct and labor standards.