Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

DLN: 93493112013461

Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020 D Employer identification number B Check if applicable: AMERICAN COUNCIL ON EDUCATION ☐ Address change 53-0196573 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE DUPONT CIRCLE NW NO 800 ☐ Amended return ☐ Application pending (202) 939-9330 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 200361193 $\,$ G Gross receipts \$ 52,189,758 Name and address of principal officer: H(a) Is this a group return for THEODORE R MITCHELL □Yes ☑No subordinates? ONE DUPONT CIRCLE NW NO 800 H(b) Are all subordinates WASHINGTON, DC 200361193 ☐ Yes ☐No included? 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.ACENET.EDU L Year of formation: 1918 M State of legal domicile: DC **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: CONSENSUS LEADER ON HIGHER EDUCATION ISSUES & COORDINATING BODY FOR UNITED STATES HIGHER ED. Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 39 39 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 174 **6** Total number of volunteers (estimate if necessary) 6 51 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 2,276 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 14,798,188 3,770,470 Ravenue 6,639,884 9 Program service revenue (Part VIII, line 2g) . 20,616,287 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13,659,442 2,051,440 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,644,745 7,482,025 42,742,259 33,920,222 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 221,036 279,929 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 22,111,816 21,785,488 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,097,806 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 13,775,764 13,303,437 35,368,854 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 36,108,616 Revenue less expenses. Subtract line 18 from line 12 . 6,633,643 -1,448,632 Net Assets or Fund Balances Beginning of Current Year **End of Year** 82,629,480 20 Total assets (Part X, line 16) . 86,524,943 21 Total liabilities (Part X, line 26) . 21,204,320 21,174,304 22 Net assets or fund balances. Subtract line 21 from line 20 . 65,320,623 61,455,176 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here MOSES P YOMI AVP, FINANCE & BUDGET Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2021-04-13 P00895728 Paid self-employed Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ▶ 901 N GLEBE ROAD SUITE 200 Phone no. (571) 227-9500

ARLINGTON, VA 22203

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No

Form	990 (2019)					Page 2					
Pa	rt III Statement	of Program Se	vice Accomplis	hments							
	Check if Sched	dule O contains a r	esponse or note to	any line in this Part III		🗹					
1	Briefly describe the o	rganization's missi	on:								
SHAF EDUC EDUC FOST AND BETT EMBF	PE EFFECTIVE PUBLIC F CATION IN THE UNITED CATION ISSUES AND TO EER GREATER COLLABO UNIVERSITIES ANTICI ER WORLD. ACE VALUI	POLICY AND FOSTE O STATES. FOUNDE O INFLUENCE PUBL DRATION AND NEW PATE AND ADDRES ES INCLUSIVENES!	R INNOVATIVE, HIG D IN 1918, ACE SE IC POLICY THROUG PARTNERSHIPS W S THE CHALLENGE S AND DIVERSITY,	GH-QUALITY PRACTICE EKS TO PROVIDE LEAU GH REPRESENTATION, ITHIN AND OUTSIDE T S OF THE 21ST CENTU RECOGNIZES HIGHER	AT MOBALIZES THE HIGHER ED E. ACE IS THE MAJOR COORDIN. DERSHIP AND A UNIFYING VOIC RESEARCH, AND PROGRAM INITHE HIGHER EDUCATION COMMINEY AND CONTRIBUTE TO A STREDUCATION'S RESPONSIBILITY EDUCATIONAL OPPORTUNITIES	ATING BODY FOR HIGHER IE ON KEY HIGHER TIATIVES. ACE AIMS TO UNITY TO HELP COLLEGES ONGER NATION AND A TO SOCIETY, AND					
2	Did the organization of the prior Form 990 or	, ,		vices during the year v	which were not listed on	☐ Yes ☑ No					
	If "Yes," describe the										
3	•			changes in how it cond	ducts, any program						
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe the		edule O								
4		d 501(c)(4) organi:	zations are required	I to report the amount	e largest program services, as m of grants and allocations to oth						
4a	(Code:) (Expenses \$	7,950,897	including grants of \$	279,929) (Revenue \$	943,552)					
	See Additional Data										
4b	(Code:) (Expenses \$	6,842,297	including grants of \$) (Revenue \$	6,618,157)					
	See Additional Data										
	-										
4c	(Code:) (Expenses \$	5,510,183	including grants of \$) (Revenue \$	396)					
	See Additional Data										
	(Code:) (Expenses \$	5,119,828	including grants of \$) (Revenue \$	13,228,306)					
	INSTITUTIONAL STRATE EMERGENT PRACTICES I LANDSCAPE AND CHANG	GY. THE CENTER PRO IN HIGHER EDUCATIO SING AMERICAN DEMO I EVENT TO NETWORK	VIDES SENIOR COLLEC N WITH AN EMPHASIS DGRAPHIC. ACE'S ANN	GE LEADERS AND PUBLIC ON LONG-TERM AND SYS UAL MEETING BRINGS TO	T LEADERSHIP AT THE INTERSECTIO POLICYMAKERS WITH AN EVIDENCE TEMIC SOLUTIONS FOR AN EVOLVIN GETHER HIGHER EDUCATION LEADER RENDS FROM NATIONAL THOUGHT L	BASE TO RESPONSIBLY PROMOTE G HIGHER EDUCATION RS FROM ALL SECTORS. THE					
4.4	Oth an annual and a	(December in Col									
4d	Other program service	•	•	dt .) (Payanua f	12 220 206 \					
	(Expenses \$		including grants of	*) (Revenue \$	13,228,306)					
4e	_Total program serv	rice expenses 🟲	25,423,2	205							

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Yes

Yes

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Nο

Nο

Nο

Nο

Nο

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20a

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Par	t 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	Yes	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
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? <i>If "Yes," complete Schedule D,</i> Part	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
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		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b		No
	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 2	11c	Yes	
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	1
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		Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	

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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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art	Checklist of Required Schedules (continued)						
			Yes	No			
	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		No			
	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	Yes				
	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		No			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	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					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	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		No			
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No			
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III						
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N-			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes				
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N			
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N			
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N.			
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N. Part II</i>	32		N-			
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		N			
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		N			
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N			
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N			
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Yes				
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				
ari	V Statements Regarding Other IRS Filings and Tax Compliance						
_	Check if Schedule O contains a response or note to any line in this Part V			므			
			Yes	N			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 286						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			l			

1c

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39	-		
	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 39			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
	Dilli min in the second of the		Yes	No
	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b	Yes	
Se 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
1/	DC , FL , NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website \square Another's website $ ot value of the property formula of the property of the pr$			
19	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: MOSES P YOMI ONE DUPONT CIRCLE NW SUITE 800 WASHINGTON, DC 200361193 (202) 939-9330			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week list	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. Sie instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	relate	ated	
	See Additional Data Table												
													—
													—

Form 990 (2019)				<u> </u>									Page 8
Part VII Section A. Officers, Direct (A) Name and title	(B) Average hours per week (list any hours	Position than of is b	ion (do	(C) do not box, u an off	c) ot che unles	neck mo ess pers	nore rson	(D) Reportable compensati from the organizatio	le ion e on	(E) Reportable compensation from related organizations	n 	(F Estima amount o compen from	ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W-2/1099 MISC)) -	(W-2/1099- MISC)		organizat relat organiz	ted
See Additional Data Table													
					\perp								
	-		_	<u> </u>	\downarrow		\perp				_		
	-	 	—	+	\downarrow		\perp				+		
	-	-	—	+	\vdash		\vdash				+		
		 	+	+	\vdash	_	H	-			+		
	1	+	\vdash	+	+	+	H				+		
			+-	+	\vdash	—	+				+		
	+	+	+	+	+	 	+				\dashv		
to Total from continuation sheets to Pod Total (add lines 1b and 1c)	Part VII, Section g but not limited	 d to thos				/e) who	o rec	3,419,33 ceived more tha			0		468,722
3 Did the organization list any former line 1a? If "Yes," complete Schedule 2			tee, k	ey e	 ∍mpl	loyee,	or hi	ighest compens	sated	employee on		Yes	No
 For any individual listed on line 1a, is organization and related organization individual 	s the sum of repo	ortable (comp	ensa "Ye:	atior	n and c comple	other te Sc	r compensation chedule J for su	ı from uch	the	4	Yes	No
5 Did any person listed on line 1a receiservices rendered to the organization									r indiv	vidual for	5		No
Section B. Independent Contract Complete this table for your five high		-d inder	ande	nt c	ontr	ectors	that	received more	+han	#100 000 of col	mane	ation	
from the organization. Report compe											IIIpc	((71
Name a	and business addre	ess						CONS	Descr SULTING	ription of services		Compe	
620 HERNDON PARKWAY SUITE 200									-	•			E v-,
ADDISON GROUP					—			CONS	ULTING	<u> </u>			216,709
7076 SOLUTIONS CENTER CHICAGO, IL 60677													
COMPENDIUM SOFTWARE SYSTEMS LLC								CONSI	ULTING	3			176,123
522 HUNT CLUB BLVD 319 APOPKA, FL 32703 ARENT FOX KINTNER PLOTKIN & KAHN LLP								CONS	ULTING				136,567
PO BOX 644672									JLIII	3			130,50,
PITTSBURGH, PA 15264 ENTANGLED SOLUTIONS LLC				_	—			CONS	ULTING	<u> </u>			135,000
55 2ND STREET 25TH FLOOR SAN FRANSISCO, CA 94105													
2 Total number of independent contractor compensation from the organization		t not lim	nited t	to th	nose	listed	abov	ve) who receive	ed mc	ore than \$100,00	00 of		
Compensation from the organization.	/				—						1	Form 99	n (2010)

orm 9' Part		Statement	of Rev	enue						Page 9
I CIII	VIII				respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	18	Federated campa	aigns .	. [1 a		<u> </u>			
ant	ļ	b Membership due:	s		1 b					
ביי היים	•	c Fundraising even	nts .	· [1c					
ar /		d Related organiza		L	1d					
S, E		e Government grants	`	Ĺ	1e	237,897				
Contributions, Giffs, Grants and Other Similar Amounts		f All other contribution and similar amounts above		L	1f	3,532,573				
	!	g Noncash contribution lines 1a - 1f:\$	ons includ	led in	1 g	20,000				
3 E		h Total. Add lines	1a-1f .			•	3,770,470			
						Business Code				
	2a	MEMBERSHIP DUES				900099	7,885,533	7,885,533		
venue	b	GOVERNMENT CONT	RACTS			900099	4,996,663	4,996,663		
ice Re	c	RENT INCOME				900099	4,119,027	4,119,027		
Servi	d	REVIEW AND REGIST	RATION	FEES		900099	2,422,356	2,422,356		
Program Service Revenue	е	INVESTMENT IN JOIN	NT VENTU	IRE		900099	1,148,084	1,148,084		
ΔŤ	f	All other program	service	revenue.			44,624	36,500		8,124
	g	Total. Add lines 2	2a-2f.		>	20,616,287	L		L	
		Investment income similar amounts)		ing divide			1,644,895			1,644,895
		Income from invest				ond proceeds >				, ,
	5	Royalties				. i •	7,207,189			7,207,189
				(i) Rea	ı	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental	6b							
	c	expenses Rental income								
		or (loss)	6c				<u> </u>			
	d	Net rental income								
	7-	Gross amount	<u> </u> -	(i) Securi	ties	(ii) Other				
	<i>,</i> a	from sales of assets other than inventory	n sales of 7a 18,455,713 ets other				5			
	b	Less: cost or other basis and sales expenses	7b	18,0	28,803	148,366	o l			
	c	Gain or (loss)	7c	4	26,910	-20,36	5			
	d	Net gain or (loss)					406,545			406,545
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte	d on line	of						
eve		See Part IV, line 18			8a					
<u> </u>		Less: direct expen			8b					
#	C	: Net income or (los	5) 110111	Turiuraisi	ing ev	ents •	1			
	9a	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ises .		9b					
	c	: Net income or (los	ss) from	gaming a	activiti	ies				
:	10a	aGross sales of inve returns and allowa	entory, I	less						
	Ŀ	Less: cost of good			10a 10b	276,897 92,373	-			
		Net income or (los				·		182,248	2,276	
ŀ	_	Miscellaneo			vent	Business Code				
	11agarage parking					900099	88,985			88,985
	b	,								
	c									
		All di								
		All other revenue Total. Add lines 1				•	1,327			1,327
		Total revenue. S					90,312			
							33,920,222	20,790,411	2,276	9,357,065

Form 990 (2019) Page 10 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). $\overline{\mathbf{v}}$ Check if Schedule O contains a response or note to any line in this Part IX . (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and 254,929 254,929 domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations, foreign 25,000 25,000 governments, and foreign individuals. See Part IV, lines 15 **4** Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,361,097 1,925,056 436,041 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,586,934 9,748,371 623,386 7 Other salaries and wages . 3.215.177 55,631 8 Pension plan accruals and contributions (include section 401 1,273,118 926,804 290,683 (k) and 403(b) employer contributions) . . . 3,493,886 2,558,963 794,604 140,319 **9** Other employee benefits . . . 1,070,453 783,354 244,760 42,339 **10** Payroll taxes . . 11 Fees for services (non-employees): a Management . . . 328,615 138,888 182,560 7,167 **b** Legal 66,300 c Accounting 66,300 304,031 230,062 69,126 4,843 e Professional fundraising services. See Part IV, line 17 98.461 f Investment management fees 98.461 717,942 50,303 g Other (If line 11g amount exceeds 10% of line 25, column 5,124,622 4,356,377 (A) amount, list line 11g expenses on Schedule O) 69,654 37,523 31,632 499 12 Advertising and promotion . . . 221,459 151,685 66,210 3,564 13 Office expenses . 672,402 37,421 14 Information technology . 1,320,454 610,631 15 Royalties . 531,940 403,731 107,422 20,787 **16** Occupancy . 414,766 404,058 6,332 4,376 **17** Travel . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings 290,275 280,195 7,707 2,373 49.649 10 49,638 20 Interest 21 Payments to affiliates 72,759 2,912,983 1,764,613 1,075,611 22 Depreciation, depletion, and amortization . 189,531 37,191 150,421 1,919 23 Insurance . 24 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.) a REPAIRS AND MAINTENANCE 705,530 337,904 350,188 17,438 **b** TAXES 377,764 181.483 186.915 9,366 c DUES & PUBLICATIONS 132,240 113,564 16,758 1,918 479 d STAFF TRAINING 66,956 36,070 30,407 98,207 54,972 42,317 918 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 35,368,854 25,423,205 8,847,843 1,097,806 26 Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

2

3

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

End of year

Beginning of year

1,650,143

2,317,696

2,813,029

51.763

498,799

11,054,975

55,760,813

10,884,932

1,276,080

86,524,943

3,428,932

11,222,607

1,368,647

5,184,134

21,204,320

63,073,061

2,247,562

65,320,623

86,524,943

216.713

1

2

3

4

5

6 7

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

Page **11**

4,571,214

1,637,234

3,213,804

29.944

889,671

9,473,454

53,524,738

193,145

7,458,393

1,637,883

3,530,967

8.944.089

3,373,255

5,325,993

21.174.304

59,674,511

1,780,665

61,455,176

82.629.480

Form 990 (2019)

82,629,480

Check if Schedule O contains a response or note to any line in this Part IX .			
		_	00

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	
Accounts receivable net	

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Assets Inventories for sale or use .

Prepaid expenses and deferred charges .

10a

10b

basis. Complete Part VI of Schedule D Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 .

42.004.683 32,531,229

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 12

13 Investments—program-related. See Part IV, line 11

Intangible assets .

Other assets. See Part IV, line 11 . . .

14 15 16

Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 18 Grants payable .

19 Deferred revenue . . . 20 Tax-exempt bond liabilities .

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director, trustee, key

21 22

employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties

23 24 25 and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . .

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33.

3a

3b

Yes

Yes (2019)

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

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

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 53-0196573

Name: AMERICAN COUNCIL ON EDUCATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PROFESSIONAL DEVELOPMENT: THE AMERICAN COUNCIL ON EDUCAITON (ACE) HAS A LONG HISTORY OF PROVIDING LEARNING AND ENGAGEMENT OPPORTUNITIES FOR CAMPUS LEADERS, INCLUSIVE OF PROGRAMS, SERVICES, AND RESEARCH. THE ACE RESEARCH UNIT CONDUCTS RIGOROUS ORIGINAL RESEARCH AND PRODUCES MAJOR REPORTS, TOPICAL RESEARCH BRIEFS, RESEARCH-INFORMED PRACTICE GUIDES, BLOGS, AND OTHER PRODUCTS THAT PROVIDE COLLEGE AND UNIVERSITY LEADERS, POLICYMAKERS, AND OTHER STAKEHOLDERS WITH KEY INSIGHTS TO INFORM POLICY AND PRACTICE, KEY AREAS OF FOCUS INCLUDE (1) EQUITY-MINDED LEADERSHIP. (2) STUDENT SUCCESS AND COMPLETION, (3) GLOBALLY ENGAGED AND EFFECTIVE INSTITUTIONS, AND (4) INSTITUTIONAL TRANSFORMATION. ACE'S PROFESSIONAL LEARNING UNIT OFFERS A SUITE OF PROGRAMS AND SERVICES THAT ENRICH THE CAPACITY OF INSTITUTIONS AND INDIVIDUAL LEADERS TO INNOVATE, ADAPT AND PROMOTE HIGH OUALITY PRACTICE WITHIN HIGHER EDUCATION. THE UNIT SERVES INDIVIDUAL LEADERS AND INSTITUTIONS BY LEVERAGING A SUITE OF BLENDED SOLUTIONS INCLUDING ACE'S TRANSFORMATION LABS, ACE FELLOWS, THE ACE WOMEN'S NETWORK, ACE SUMMITS AND ACE ENGAGE, ACE ENGAGE IS ACE'S DIGITAL BUSINESS SOLUTION TO PROMOTE VIRTUAL PEER TO PEER LEARNING THAT ENHANCES FACE-TO-FACE PROGRAMS THROUGH CONTINUOUS VIRTUAL ENGAGEMENT AND OFFERS INDIVIDUAL LEADERS ACCESS TO A RESOURCE LIBRARY, WEBINARS AND ONLINE WORKSHOPS WITH EXPERTS, AND COMMUNITIES OF PRACTICE. TO DATE ACE ENGAGE HAS OVER 12.000 USERS FROM OVER 2.700 ORGANIZATIONS. ACE'S TRANSFORMATION LABS GUIDE HIGHER EDUCATION INSTITUTIONS THROUGH A STRUCTURED, CAMPUS-WIDE PLANNING PROCESS TO ADDRESS PRESSING STRATEGIC GOALS. CURRENT TRANSFORMATION LABS FOCUS ON LEARNER SUCCESS, CAMPUS INTERNATIONALIZATION, AND VIRTUAL EXCHANGE. LABS ARE FUNDED THROUGH GRANTS AND/OR PARTICIPANT FEES; CAMPUS ENGAGEMENT WITH ACE LASTS FROM THREE MONTHS TO TWO YEARS. TO DATE, MORE THAN 200 INSTITUTIONS HAVE PARTICIPATED IN THE LABS. ACE SUMMITS CONVENE HIGHER EDUCATION LEADERS TO ADVANCE STRATEGY, CAMPUS PRACTICE, AND POLICY ON KEY ISSUES. SUMMITS TAKE PLACE VIRTUALLY OR IN PERSON, IN COLLABORATION WITH HOST CAMPUSES. IN 2020, ACE HOSTED A VIRTUAL SUMMIT, RACE AND CRISIS AT A CROSSROADS, IN COLLABORATION WITH AMERICAN UNIVERSITY. ACE FELLOWS OFFERS AN IN-DEPTH YEAR-LONG IMMERSION IN HIGHER EDUCATION LEADERSHIP, A COHORT OF 35-50 LEADERS ARE SELECTED EACH YEAR TO PARTICIPATE IN THE PROGRAM WHICH INCLUDES A SERIES OF RETREATS FOCUSED ON ESSENTIAL KNOWLEDGE AND SKILLS, EXTENDED MENTORING BY EXECUTIVES FROM A HOST CAMPUS, COMPLETION OF SPECIAL PROJECTS AND ASSIGNMENTS TO TRANSFORM AND ENHANCE BOTH THEIR HOME AND HOST CAMPUSES, AND OPPORTUNITIES TO CONNECT WITH AND LEARN FROM A WIDE ARRAY OF CAMPUS LEADERS. PARTICIPATION IN THE FELLOWS PROGRAM IS SUPPORTED BY PROGRAM FEES, GRANTS AND SCHOLARSHIPS. THE ACE WOMEN'S NETWORK IS A SYSTEM OF STATE-BASED NETWORKS WITH THE GOAL OF SUPPORTING AND ADVANCING WOMEN LEADERS IN HIGHER EDUCATION. ANNUALLY THE STATE NETWORKS REACH APPROXIMATELY 10,000 WOMEN AND SUPPORTS THE OVERARCHING VISION OF DIVERSIFYING THE HIGHER EDUCATION LEADERSHIP PIPELINE. THROUGH PROGRAMS AND INITIATIVES AND WITH THE SUPPORT OF ACE STAFF, THE STATE NETWORKS ENGAGE IN A SHARED MISSION OF IDENTIFYING, DEVELOPING, ENCOURAGING, ADVANCING, LEADING AND SUPPORTING WOMEN IN HIGHER EDUCATION CAREERS.

ADULT LEARNING AND EDUCATIONAL CREDENTIALS: ACE'S LEARNING EVALUATIONS (FORMERLY CREDIT) HELPS COLLEGES AND UNIVERSITIES GRANT CREDIT FOR WORKPLACE LEARNING AND TRAINING TO IMPROVE ACCESS TO AND SUCCESS IN POSTSECONDARY EDUCATION, ACE VALIDATES A WIDE VARIETY OF EDUCATION AND TRAINING PROGRAMS FROM COURSES TO EXAMINATIONS, INCLUDING LANGUAGES, CERTIFICATIONS, AND APPRENTICESHIP PROGRAMS. THROUGH A CONTINUED CONTRACT WITH DEPARTMENT OF DEFENSE. ACE REVIEWS MILITARY TRAINING AND EXPERIENCES TO BRIDGE THE GAP BETWEEN PROFESSIONAL MILITARY EDUCATION

AND POSTSECONDARY EDUCATION WHILE ENHANCING GOVERNMENT AND POSTSECONDARY DATA SYSTEMS AND VIRTUAL TECHNOLOGY, ASSOCIATED SUPPORT

RELIABILITY OF NON-TRADITIONAL LEARNING AND PROVIDES OPPORTUNITIES FOR UNDERSERVED STUDENT POPULATIONS IN COLLEGE AND THE WORKFORCE

Form 990, Part III, Line 4b:

SERVICES CONNECT INSTITUTIONS OF HIGHER EDUCATION AND EMPLOYERS TO IMPROVE ECONOMIC MOBILITY FOR INDEPENDENT LEARNERS TO OBTAIN ACADEMIC

CREDIT FOR FORMAL COURSES, TRAINING, AND EXPERIENCES TAKEN OUTSIDE TRADITIONAL COLLEGES AND UNIVERSITIES. THIS WORK ENSURES THE VALIDITY AND

GOVERNMENT RELATIONS AND PUBLIC AFFAIRS: COORDINATES AND PUBLICIZES THE EFFORTS OF THE HIGHER EDUCATION COMMUNITY IN REPRESENTING ITS CONCERNS TO THE FEDERAL GOVERNMENT. ACE PREPARES TESTIMONY FOR CONGRESSIONAL HEARINGS, COMMENTS ON PROPOSED FEDERAL LEGISLATION AND REGULATIONS, AND FILES AMICUS CURIAE BRIEFS ON COURT CASES WITH IMPORTANT IMPLICATIONS FOR HIGHER EDUCATION. A KEY BENEFIT OF ACE MEMBERSHIP IS ACCESS TO HIGHER EDUCATION RESEARCH AND PUBLICATIONS. ACE PUBLISHES PAPERS. MONOGRAPHS AND RESEARCH REPORTS ON THE TOPICS OF STUDENT

FINANCIAL AID, DEMOGRAPHIC TRENDS IN HIGHER EDUCATION, ACADEMIC PREPARATION FOR COLLEGE, AND THE COLLEGE PRESIDENCY, AMONG OTHER TOPICS.

ANOTHER MEANS OF DISSEMINATION OF THIS INFORMATION IS THE ACE ANNUAL MEETING WHICH IS AN IDEAL SETTING FOR NETWORKING WITH COLLEAGUES AND

Form 990, Part III, Line 4c:

ADDRESSING FUTURE CHALLENGES OF HIGHER EDUCATION

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	arry riours	and a director, trastee)						(14, 2,4,000	(14) 2 (4 222		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
THEODORE MITCHELL PRESIDENT, EX OFFICIO	35.00			x				723,800	0	93,992	
TERRY HARTLE SVP, DGPA	35.00			х				424,800	0	34,764	
KARA FREEMAN SVP, COO	35.00			х				323,091	0	43,992	
PHILIP ROGERS SVP	35.00			х				314,711	0	50,844	

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37,119

27,599

PETER MCDONOUGH

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CHIEF LEARNING & INNOVATION OFFICER

VP, CHIEF HR OFFICER UNTIL 03/20

VP, GENERAL COUNSEL

LOUIS SOARES

CATHY JONES

VP, CFO UNTIL 06/20

SONYA WILLIAMS

ANDREA BURNETT

DANIEL MADZELAN

AVP, ITS - UNTIL 02/20

AVP, GOVERNMENT RELATIONS

and Independent Contractors

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	ally hours	anu	. a uii	ecto	JI / LI	usiee,	,	Organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PAUL J LEBLANC CHAIR	1.00	х		х				0	0	0	
RONALD A CRUTCHER VICE CHAIR/CHAIR-ELECT	1.00	х		х				0	0	0	
MARK P BECKER IMMEDIATE PAST CHAIR	1.00	х		х				0	0	0	
MICHAEL RAO SECRETARY	1.00	Х		х				0	0	0	
JONATHAN R ALGER DIRECTOR	1.00	х						0	0	0	
ROSLYN CLARK ARTIS	1.00										

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MICHAEL RAO
SECRETARY
JONATHAN R ALGER
DIRECTOR
ROSLYN CLARK ARTIS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

WADED CRUZADO

ANDREW D HAMILTON

DIANNE F HARRISON

TIMOTHY L KILLEEN

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	arry riours	unu	u un	CCCC		usice,	,	(14 2 (4 2 2 2	(14/ 2/4000	overnientien and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMES B MILLIKEN DIRECTOR	1.00	Х						0	0	0	
BILL PINK DIRECTOR	1.00	Х						0	0	0	
BARBARA R SNYDER DIRECTOR	1.00	Х						0	0	0	
A CLAYTON SPENCER DIRECTOR	1.00	Х						0	0	0	
CARRIE BESNETTE HAUSER DIRECTOR	1.00	X						0	0	0	
LINDA A LIVINGSTONE	1.00							0		0	

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A CLAYTON SPENCER
DIRECTOR
CARRIE BESNETTE HAUSER
DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ELOY ORTIZ OAKLEY

SCOTT PULSIPHER

TOM STRITIKUS

KAREN SCHUSTER WEBB

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(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LAWRENCE S BACOW DIRECTOR	1.00	X						0	0	0
CHRISTOPHER B HOWARD DIRECTOR	1.00	х						0	0	0
MARK MITSUI	1.00	Х						0	0	0

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DIRECTOR
CHRISTOPHER B HOWARD
DIRECTOR
MARK MITSUI
DIRECTOR
JUAN SANCHEZ MUNOZ

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DANIEL J PHELAN

F JAVIER CEVALLOS

HOWARD GILLMAN

BRIAN NOLAND

RICHARD J PAPPAS

FELIX V MATOS RODRIGUEZ

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation from the

and Independent Contractors

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DIRECTOR

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DIRECTOR

DIRECTOR

DIRECTOR

GAIL O MELLOW

KEVIN KRUGER

ROGER N CASEY

SHIRLEY V HOOGSTRA

KATHLEEN CURRY SANTORA

DIRECTOR - UNTIL 03/20

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	any hours							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PETER M DONOHUE DIRECTOR	1.00	х						0	0	0	
MARK C REED DIRECTOR	1.00	х						0	0	0	
JAMES P CLEMENTS DIRECTOR	1.00	х						0	0	0	
NAYEF H SAMHAT	1.00										

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DIRECTOR						
JAMES P CLEMENTS	1.00	V			0	
DIRECTOR		^			0	
NAYEF H SAMHAT	1.00	v			0	
DIRECTOR		^			9	
MICHAEL J SORRELL	1.00			·		

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

	any nours	and	. a dir	ecto		rustee)	´	organization	organizations	rrom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
REBECCA CHOPP DIRECTOR - UNTIL 03/20	1.00	х						0	0	0
MARIA HARPER-MARINICK DIRECTOR - UNTIL 03/20	1.00	х						0	0	0
CHRIS KIMBALL DIRECTOR - UNTIL 03/20	1.00	х						0	0	0
RAYNARD S KINGTON DIRECTOR - UNTIL 03/20	1.00	х						0	0	0

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DIRECTOR - UNTIL 03/20

JACKSON N SASSER

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JAVIAR MIYARES

GP BUD PETERSON

CAROL QUILLEN

EDWARD J RAY

and Independent Contractors (A) Name and Title

DEBORAH F STANLEY

DIRECTOR - UNTIL 03/20

hours per week (list any hours for related organizations below dotted line)
 1.00

(B)

Average

Position (do not check more Institutiona Χ

than one box, unless and a director/trustee) employee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

person is both an officer

Reportable compensation from the organization (W-2/1099-MISC)

(D)

Reportable compensation from related organizations (W- 2/1099-

(E)

MISC)

Estimated

amount of other

compensation

from the

organization and

related organizations

efile G	RAPHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493112013461								
SCHE	DULE A	Dublic (Sharity State:	c and Dul	alia Gunna		OMB No. 1545-0047								
Form 9			Charity Statu				2019								
90EZ)			4947(a)(1) nonexe	mpt charitable	trust.	a section	2019								
Denortment	of the Treasury	▶ Go to <u>www.irs.</u>	Attach to Form 9 gov/Form990 for in			ormation.	Open to Public								
nternal Rev	enue Service					F	Inspection								
	the organiza COUNCIL ON ED					Employer identific	ation number								
Do at I	D	fan Briblia Charita Ctata	- (Alliti		L. Lb: \ C	53-0196573									
Part I he organ		for Public Charity Statu a private foundation because				see instructions.									
1 _		onvention of churches, or ass	•	•		(A)(i).									
2 🗆	ı 1 A school de	escribed in section 170(b)(1	L)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)										
3 🗆	ı	or a cooperative hospital serv		,	, ,	iii).									
4 🗆		esearch organization operate	_			-	nter the hospital's								
т _	name, city,		a in conjunction with	a nospital descri	bed iii section i	170(b)(1)(A)(III). L	inter the hospitars								
5		ation operated for the benefit	of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170								
6		(iv). (Complete Part II.) state, or local government or	governmental unit de	scribed in sectic	n 170(h)(1)(A	ı)(v).									
7 □		ation that normally receives a	_				al public described in								
	section 17	'0(b)(1)(A)(vi). (Complete	Part II.)			j	•								
8	ı	ty trust described in section			,										
9 🗆	non-land gi	ural research organization de rant college of agriculture. Se	e instructions. Enter	the name, city, a	and state of the o	college or university:									
10 🗸		ation that normally receives: ties related to its exempt fund													
	investment	income and unrelated busine	ess taxable income (le	ess section 511 to	ax) from busines	sses acquired by the c	rganization after June								
11 🗆		See section 509(a)(2). (Con ation organized and operated		r public safetv. S	ee section 509	(a)(4).									
 12 □		ation organized and operated	·				e nurnoses of one or								
	more public	cly supported organizations d a through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2)). See <mark>section 509(</mark> a									
a _	organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.													
b _	manageme	supporting organization supe nt of the supporting organiza	tion vested in the san												
c		plete Part IV, Sections A a unctionally integrated. A s		n operated in cor	nection with, ar	nd functionally integra	ted with, its								
	supported o	organization(s) (see instruction	ons). You must com	plete Part IV, S	ections A, D, a	nd E.	·								
d _	functionally	on-functionally integrated integrated. The organization s). You must complete Part	generally must satisf	fy a distribution i	requirement and										
е _	Check this	box if the organization receiv	ed a written determin	ation from the II		pe I, Type II, Type II	I functionally								
f Ent		or Type III non-functionally of supported organizations	integrated supporting												
g Pro	vide the follow	ring information about the su	pported organization(s).											
(i)	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (v) Amount of other support (see instructions) (vi) Amount of other support (see instructions)							in your governing document? monetary support other suppo				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No											
Гotal															
or Pape	erwork Reduc 0 or 990-EZ.	tion Act Notice, see the In	structions for	Cat. No. 11285	F S	Schedule A (Form 9	90 or 990-EZ) 2019								

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Total support. (Add lines 9, 10c,

Section C. Computation of Public Support Percentage

Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

check this box and **stop here**.

11, and 12.). .

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

	(Complete only if you						r Part II. If
_	the organization fails tection A. Public Support	to quality under	the tests listed	below, please co	ompiete Part II.)	
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	17,870,559	12,762,331	13,988,130	14,798,188	3,770,470	63,189,678
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services	16,577,832	10,075,455	10,464,342	7,044,955	20,865,287	65,027,871
	performed, or facilities furnished in any activity that is related to the	10,377,632	10,073,433	10,404,342	7,044,933	20,803,287	03,027,071
	organization's tax-exempt purpose						
3							
_	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	34,448,391	22,837,786	24,452,472	21,843,143	24,635,757	128,217,549
7a	Amounts included on lines 1, 2, and			2,500	12,200	8,101	22,801
	3 received from disqualified persons			2,500	12,200	0,101	
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the						0
	greater of \$5,000 or 1% of the						O
	amount on line 13 for the year.						
c	Add lines 7a and 7b			2,500	12,200	8,101	22,801
8	Public support. (Subtract line 7c			·			120 101 710
	from line 6.)						128,194,748
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9		34,448,391	22,837,786	24,452,472	21,843,143	24,635,757	128,217,549
10a							
	dividends, payments received on						
	securities loans, rents, royalties	2,065,588	8,597,671	9,237,923	9,058,188	8,852,084	37,811,454
	and income from similar sources						
	Linealated hashed baseline in the						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
c		2,065,588	8,597,671	9,237,923	9,058,188	8,852,084	37,811,454
	Not income from uprelated		-,,	- 1 1	-,	-//	, , 1 + - 1

	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	34,448,391	22,837,786	24,452,472	21,843,143	24,635,757	128,217,549
	Amounts included on lines 1, 2, and 3 received from disqualified persons			2,500	12,200	8,101	22,801
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.						C
С	Add lines 7a and 7b			2,500	12,200	8,101	22,801
8	Public support. (Subtract line 7c from line 6.)						128,194,748
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	34,448,391	22,837,786	24,452,472	21,843,143	24,635,757	128,217,549
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,065,588	8,597,671	9,237,923	9,058,188	8,852,084	37,811,454
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.	2,065,588	8,597,671	9,237,923	9,058,188	8,852,084	37,811,454
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.) .	170,366	71,984	228,312	175,379	90,312	736,353

31,507,441

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 🗹 b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

33,918,707

31,076,710

36,684,345

Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2018 Schedule A, Part III, line 17

15

16

17

18

33,578,153

166,765,356

76.870 %

82.340 %

22.670 %

17.290 %

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

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.

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. 4a 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c 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. 6

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) .

7 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). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3		
Pa	rt IV 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				
S	ection 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 Part VI 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	-				
2	operated, supervised, or controlled the supported 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.					
S	ection 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	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		v			
_			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?					
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? If "No," explain in Part VI how 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				
S	ection 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 instruction)	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No		
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
ı	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 Part VI 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. Answer (a) and (b) below.					
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h				

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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 emergency temporary reduction (see instructions)	6		

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 purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
С	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART III, LINE 12, THE PRESIDENCY PUBLICATION - ADVERTISING - 2015 AMOUNT: \$ 15,702, 2016 AMOUNT: \$ 54,365, 2 EXPLANATION OF OTHER 018 AMOUNT: \$ 5,125. GARAGE PARKING - 2017 AMOUNT: \$ 195,369. 2018 AMOUNT: \$ 161,747. 2019 AMOUNT: \$ 88,985. OTHER REVENUE - 2015 AMOUNT: \$ 154,664. 2016 AMOUNT: \$ 17,619. 2017 AMO INCOME: UNT: \$ 32,943. 2018 AMOUNT: \$ 8,507. 2019 AMOUNT: \$ 1,327.

Schedule A (Form 990 or 990-EZ) 2019

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

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

OMB No. 1545-0047

DLN: 93493112013461

Inspection

Department of the Treasury Internal Revenue Service

EZ)

2

SCHEDULE C (Form 990 or 990-

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. Name of the organization **Employer identification number** AMERICAN COUNCIL ON EDUCATION 53-0196573 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the instruc		No. 50084S	Form 990 or 990-EZ) 2019
6			
5			

Schedule C (Form 990 or 990-EZ) 2019

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b))
ctivi		Yes No		Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	76 H = 61				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on	
	,	(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	i N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		 [Yes 1 2 3	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 (5), o	 r secti	Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? tiii-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	 (5), o	 r secti	Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	 r secti	Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	(5), o III-A	 r secti	Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3	 r secti	Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493112013461

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization ERICAN COUNCIL ON EDUCATION		Employer identification number
AIMI	ERICAN COUNCIL ON EDUCATION		53-0196573
Pa	ort I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
_	Total number at end of year	(a) Bollet davised fallas	(b) rands and other decounts
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
ı.	Aggregate value at end of year		
;	Did the organization inform all donors and donor adviso	Learning that the assets held in donor adv	 vised funds are the
	organization's property, subject to the organization's ex		
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for any other purpose co	
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) \square Preservation of an	historically important land area
	Protection of natural habitat	☐ Preservation of a c	ertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by t	he organization during the
ļ	Number of states where property subject to conservation	on easement is located >	
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	he periodic monitoring, inspection, handling o	
	Staff and volunteer hours devoted to monitoring, inspec		Yes No
•	Train and volunteer flours devoted to florintoring, fispect	sting, handling or violations, and emorcing co	nservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, ► \$	handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 17	⁷ 0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organization's financial state	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Othe	er Similar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	16 (ASC 958), not to report in its revenue state public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:	16 (ASC 958), to report in its revenue stateme	
((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, histori following amounts required to be reported under SFAS	ical treasures, or other similar assets for finan	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III	Organizations Maintai	ning Collections o	f Art, Histor	ical T	reasures,	or Other Simila	ar Assets (cor	ntinued)	
3		ng the organization's acquisition ns (check all that apply):	, accession, and other	records, check	any of	the following	g that are a signific	cant use of its co	ollection	
а		Public exhibition		d		Loan or exc	change programs			
b		Scholarly research		е		Other				
C		Preservation for future genera	ations							
4		vide a description of the organiz XIII.	ation's collections and	explain how th	ey furt	her the orga	nization's exempt p	ourpose in		
5		ing the year, did the organization						☐ Yes	□ N	n
Pa	rt IV									
		Complete if the organizate X, line 21.	tion answered "Yes'	' on Form 990), Part	: IV, line 9,	or reported an a	amount on For	m 990,	Part
1 a		ne organization an agent, truste uded on Form 990, Part X? . .								
	men	dued on Form 990, Part A:						' ∐ Yes	∐ N	0
b	If "\	es," explain the arrangement in	n Part XIII and comple	te the following	ı table:			Amount		_
c		inning balance	·	· ·			1c			_
d	_	itions during the year					1d			_
е		ributions during the year					1e			_
f	End	ing balance					1f			_
2a	Did	the organization include an amo	ount on Form 990. Par	t X. line 21. for	escrov	v or custodia	l account liability?	\(\sqrt{Yes}	N	_
		es," explain the arrangement ir								
	rt V	Endowment Funds.	T GIT /(III OII GER II GIT	iii cire explaita		- Been provi				
		Complete if the organization								
	. .		(a) Curren	t year (b)	Prior yea	ar (c) Tw	o years back (d) Thr	ee years back (e) Four yea	rs back
	_	ning of year balance	•							
		ibutions								
		nvestment earnings, gains, and	losses							
		s or scholarships								
	and p	expenditures for facilities								
		nistrative expenses								
_		of year balance								
2		vide the estimated percentage o	•	balance (line 1	.g, colu	ımn (a)) held	d as:			
а		rd designated or quasi-endowm	ent 🟲							
b		manent endowment 🟲								
С		porarily restricted endowment i	***************************************							
За	Are	percentages on lines 2a, 2b, an there endowment funds not in t anization by:	•		at are h	neld and adm	inistered for the		Yes	No
	-	unrelated organizations						3a(i		110
		related organizations						3a(ii		
b		es" on 3a(ii), are the related or		equired on Sch	edule F	ι?		3b	-	
4	Des	cribe in Part XIII the intended u	ses of the organization	n's endowment	funds.					
Pa	rt VI					T) / 11	- C - F - CC			
	Desc	Complete if the organization of property (a)	Cost or other basis	(b) Cost or othe			.a. See Form 990 Accumulated depreciat		10. Book valu	e
		,,	(investment)		\					
1 a	Land				2,6	78,042				2,678,042
		ngs			17,0	06,590	15,070	,342	1	1,936,248
		chold improvements								
		ment			15,8	99,420	11,717	,947		1,181,473

677,691

9,473,454

5,742,940

6,420,631

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

	Complete if the organization answered "Yes" on Form 990,	Part IV. li	ne 11b.See Form 990	. Part X. line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation: of-year market value	
1) Financial					
2) Closely-h 3)Other	neld equity interests				
A)					
В)					
C)					
D)					
E)					
(F)					
(G)					
(H)					
		•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 11c. See Form 990), Part X, line 13.	
	(a) Description of investment		(b) Book value	(c) Method of valu Cost or end-of-year value	
(1)INVESTMI	ENT IN JOINT VENTURE ENT IN ACUE		4,458,393 3,000,000	C C	
(3)	EIII AII ACOL		3,000,000		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Fotal. (Column	(b) must equal Form 990, Part X, col.(B) line 13.)	•	7,458,393		
	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV. lir	ne 11d. See Form 990. F	Part X. line 15.	
	(a) Description			(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			. •	
	Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir	ne 11e or 11f.See Forr		25.
1.	(a) Description of liability			(b) Book value	
(1) Federal ii (2) RETIREE	ncome taxes MEDICARE BENEFIT OBLIGATION			3,081,594	
	D COMPENSATION			1,870,247	
(4) OTHER LI				565	
	LEASE LIABILITY ETIREMENT OBLIGATION			48,587 325,000	
(7)					
(8)					
(9)					
(10)					
	(b) must equal Form 990, Part X, col.(B) line 25.)			▶ 5,325,993	
Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footnot	te to the or	ganization's financial sta	tements that reports t	ne organ

Part XI

2

b

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

2,157,808 33,934,499

-14,277

33,920,222

35,383,131

112,738

98,461

35.368.854

Schedule D (Form 990) 2019

35,270,393

е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990. Part VIII. line 7h . 4a 98.461		ĺ

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

2.053.681

104,127

112,738

98.461

4c

2e

3

4c

5

4b -112,738

Add lines 4a and 4b .

5

Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b**

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide 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 X, line 2; Part

Donated services and use of facilities . . .

Prior year adjustments

Subtract line 2e from line 1

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Return Reference

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Donated services and use of facilities

Other (Describe in Part XIII.)

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 53-0196573

Name: AMERICAN COUNCIL ON EDUCATION

Supplemental Information

Return Reference

Explanation

PART X, LINE 2:

ACE HAS BEEN GRANTED EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IN TERNAL REVENUE CODE AND HAS BEEN FURTHER CLASSIFIED AS A PUBLIC CHARITY. ACE DERIVES UNREL ATED BUSINESS INCOME FROM PUBLICATION ADVERTISING, DUPLICATION AND OTHER OFFICE SERVICES TO UNRELATED THIRD PARTIES, AND ALTERNATIVE INVESTMENTS. HOWEVER, NO TAXES WERE PAYABLE ON SUCH AMOUNTS FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019, AS ALLOWABLE DEDUCTIBLE EXPENSES EXCEEDED UNRELATED INCOME. ACE HAS ANALYZED ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN AND HAS CONCLUDED THAT, AS OF SEPTEMBER 30, 2020 AND 2019, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D - OTHER ADJUSTMENTS:	POSTRETIREMENT CHANGE OTHER THAN NET PERIODIC BENEFIT COST 104,127.						

upplemental Information						
Return Reference	Explanation					
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD -92,373. LOSS ON DISPOSAL OF FIXED ASSETS -20,365.					

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 92,373. LOSS ON DISPOSAL OF FIXED ASSETS 20,365.					

-

efile GRAPHIC print	- DO NOT	PROCESS /	As Filed Data	-		DLN:	93493112013461	
SCHEDULE F	State	ement of A	Activities	Outside the Un	ited State	es	OMB No. 1545-0047	
(Form 990) Department of the Treasury	Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.						2019 Open to Public Inspection	
Internal Revenue Service Name of the organization					Emi	olover iden	tification number	
AMERICAN COUNCIL ON ED	DUCATION				· ·	•	diffication flumber	
David Canada II	£	4 -41141	0-4-14-46-4	Inited Clates County)196573		
Part I General In Form 990, P			Outside the t	Jnited States. Comple	ete ii tile orga	IIIIZALIOII A	nswered tes on	
1 For grantmakers.	Does the or	rganization mai eligibility for th	e grants or assi	substantiate the amoun stance, and the selection	-	and	☑ Yes ☐ N	
2 For grantmakers. outside the United S		Part V the orga	anization's proce	edures for monitoring the	use of its gra	nts and oth	ner assistance	
3 Activites per Region.	(The following	ng Part I, line 3 t	able can be dupl	icated if additional space is	s needed.)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity list program servic specific ty service(s) in the	e, describe ype of	(f) Total expenditures for and investments in the region	
EAST ASIA AND THE F	PACIFIC	0	1	GRANT TO RECIPIENTS LOCATED IN THE REGION.			25,00	
3a Sub-totalb Total from continuationPart I		0					25,00	
	and 3b)	0	1				25,00	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (Form 990) 2019 Page 5						
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting managements of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to preany additional information. See instructions.							
Return Reference	dule F, Supplemental Information Explanation						
PART I, LINE 2:	THE AMERICAN COUNCIL ON EDUCATION (ACE) RECEIVES GRANT FUNDS FROM THE UNITED STATES EMBASSY IN TOKYO, JAPAN. PER FEDERAL GOVERNMENT ADMINISTRATIVE REQUIREMENTS, ACE ENSURES THAT THE FUNDS RECEIVED FROM FEDERAL AGENCIES ARE BEING USED FOR THEIR INTENDED PURPOSES AND THAT THERE ARE NO SINGLE AUDIT FINDINGS THAT MAY ADVERSELY IMPACT THE						

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Department of the

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.

OMB No. 1545-0047

DLN: 93493112013461

Open to Public

The proper identification number and of the organization on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	
Fart I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ent
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ent
the selection criteria used to award the grants or assistance?	ent
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 recipies	
that received more than \$5,000. Part II can be duplicated if additional space is needed.	grant
(a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (d) Amount of cash assistance (e) Amount of non-cash cash assistance (b) EIN (d) Amount of cash grant (d) Amount of cash assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose of or assistance	
1) See Additional Data	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
or Paperwork Reduction Act Notice, see the Instructions for Form 990.	

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

(1)			
(2)			
(3)			

(3)			
(4)			
(5)			
(6)			

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV **Explanation**

(7) Return Reference ACE IS REQUIRED TO PERFORM SUBRECIPIENT MONITORING OF THE FUNDS IT RECEIVES FROM FEDERAL SOURCES IN ORDER TO ENSURE THAT THE FUNDS ARE BEING USED FOR THEIR INTENDED PURPOSE AND THAT THERE ARE NO UNIFORM GUIDANCE 2 CER 200 AUDIT FINDINGS THAT MAY ADVERSELY AFFECT THE USE OF THE SUBRECIPIENT'S FEDERAL FUNDS. SUBRECIPIENT MONITORING EFFORTS ARE A JOINT EFFORT OF PROGRAM STAFF AND THE FINANCE AND BUDGET STAFF. ALL

PART I, LINE 2: OTHER GRANT FUNDS PROVIDED TO ENTITIES ARE SIMILARLY MONITORED THROUGH THE USE OF SUBAWARD AGREEMENTS OR CONTRACTS AND PERIODIC

REPORTING PROVIDED BY THE GRANTEES TO ACE.

Schedule I (Form 990) 2019

Page 2

Additional Data

PO BOX 900002

CALIFORNIA

UGB203

RALEIGH, NC 27675

UNIVERSITY GARDENS

LOS ANGELES, CA 90089

UNIVERSITY OF SOUTHERN

		Software ID Software Version					
			: 53-0196573 : AMERICAN COUNC	IL ON EDUCATION			
Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH TRIANGLE	56-0686338	501(C)(3)	131,237				RACE AND ETHNICITY

109,592

IN HIGHER EDUCATION

EQUITY MINDED

LEADERSHIP REPORT

REPORT

201(C)(2) INSTITUTE

95-1642394

501(C)(3)

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

ASSOCIATION OF 43-1427422 501(C)(6) 7,500
INTERNATIONAL EDUCATION
ADMINISTRATORS
811 NINTH STREET SUITE 215

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DURHAM, NC 27705

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49311	L 201 3	461
Sch	edule J	Co	mpensati	ion Information	OI	ИВ No.	1545-0	0047
(For	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest							
	Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)
D			▶ Attach	to Form 990. instructions and the latest inform) Dpen i		
•	tment of the Treasury al Revenue Service	F do to <u>www.ms.gov</u>	7 <u>7 1 01111990</u> 101			Insp	ectio	n
	me of the organiza ERICAN COUNCIL ON				Employer identifica	tion nu	ımber	
					53-0196573			
Pa	rt I Questi	ons Regarding Compensat	ion				T	
1 a	Check the appro	opiate box(es) if the organization	provided any of	the following to or for a person listed	d on Form		Yes	No
	990, Part VII, S	ection A, line 1a. Complete Part 1	III to provide an	y relevant information regarding thes	e items.			
		s or charter travel	lacksquare	Housing allowance or residence for p				
	_	companions	님	Payments for business use of persor				
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiatio				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chaufi	eur, cner)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	airectors, truste	ees, oπicers, including the CEO/E	xecutive Director	r, regarding the items checked on Lin	ela?, ,			
3				d to establish the compensation of th	e			
				not check any boxes for methods CEO/Executive Director, but explain in	n Part III.			
	✓ Compensa	ation committee	✓	Written employment contract				
	_ '	ent compensation consultant	\overline{\sqrt}	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensat	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fil	ling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol pavment? .			4a		No
b		r receive payment from, a supple				4b	Yes	
c		. ,	•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			=	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	n?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
a	-	n?				6a		No
b						6b	-	No
7	•	6a or 6b, describe in Part III.	A line to did	the organization provide any nonfixed	•			
,				rt III		7	L	No
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de	scribe			
						8		No
9	If "Yes" on line	8, did the organization also follov	v the rebuttable	presumption procedure described in I	Regulations section			110
						9		
For I	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	0053T Schedule J	(Forn	1 990)	2019

Schedule J (Form 990) 2019

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

(A) Name and Title	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	columns	Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								

Schedule J (Form 990) 2019	Page 3 Page 3					
Part III Supplemental Inform	Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference Explanation						
	THEODORE MITCHELL RECEIVED A HOUSING ALLOWANCE FOR RESIDENCE FOR PERSONAL USE IN THE AMOUNT OF \$82,334. THIS AMOUNT IS INCLUDED IN TAXABLE COMPENSATION AS OTHER REPORTABLE COMPENSATION.					
PART I, LINE 4B	THEODORE MITCHELL PARTICIPATED IN A 457(F) PLAN AND ON HIS BEHALF, ACE CONTRIBUTED \$50,000 TO THE PLAN.					
	Schedule J (Form 990) 2019					

Additional Data

(i)

(i)

(i)

(i)

(i)

(i)

(i)

(i)

(i)

633,484

421,672

322,539

314,495

324,423

296,890

274,495

281,523

221,274

225,972

Form

1THEODORE MITCHELL

1TERRY HARTLE

2KARA FREEMAN

3PHILIP ROGERS

5LOUIS SOARES

CHIEF LEARNING & INNOVATION OFFICER 6CATHY JONES

VP, CFO UNTIL 06/20

7SONYA WILLIAMS

VP, CHIEF HR OFFICER UNTIL 03/20 8ANDREA BURNETT

AVP, ITS - UNTIL 02/20

9DANIEL MADZELAN AVP, GOVERNMENT

RELATIONS

4PETER MCDONOUGH

VP, GENERAL COUNSEL

SVP, DGPA

SVP, COO

SVP

PRESIDENT, EX OFFICIO

Software Version: EIN: 53-0196573

Software ID:

Name: AMERICAN COUNCIL ON EDUCATION

90,316

3,128

552

216

1,584

552

1,584

1,032

552

3,048

83,600

33,600

33,600

33,600

33,600

33,600

33,600

33,600

26,739

27,117

(F) Compensation in

column (B) reported as deferred on prior Form 990

(B)(i)-(D)

817,792

459,564

367,083

365,555

360,761

348,276

326,923

326,535

258,945

256,619

10,392

1,164

10,392

17,244

1,154

17,234

17,244

10,380

10,380

482

m 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and	Highest Compensate	d Employees	
A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns

/or 1099-MISC compens	sation ((C) Retirement and	(D) Nouterralia	
,	Jacob	(C) Redirement and	(D) Nontaxable	(E)
		other deferred compensation	benefits	
(i	ii) incentive Other	ii) (iii) incentive Other reportable	ii) (iii) other deferred compensation	ii) (iii) other deferred benefits compensation

efile GRAPHIC	C print - DO N	OT PROCES	S As I	Filed Data -					DL	.N: 93	4931	1201	.3461
Schedule L		Tran	sactio	ns with li	ntereste	d Persor	 าร			OI	MB No.	1545	-0047
(Form 990 or 990	-EZ) ► Compl	ete if the org	anization	answered "Yes	s" on Form 9	90, Part IV, li	ines 2	5a, 2	25b, 26	5,	20	1	9
			► Atta	ach to Form 99	0 or Form 99	0-EZ.							
Department of the Trea Internal Revenue Servi		·Go to <u>www.ii</u>	rs.gov/Fo	<u>rm990</u> for inst	ructions and	the latest inf	forma	tion.		9	Open t Insp		
Name of the orga	anization						Er	nplo	yer ide	ntifica	ation n		
AMERICAN COUNCI	L ON EDUCATION						52	-019	6573				
Part I Exce	ss Benefit Tra	nsactions (section 50	1(c)(3), section	501(c)(4), and	d section 501(c				s only).		
Compl	ete if the organiz	zation answere	d "Yes" on	Form 990, Part	IV, line 25a oi	r 25b, or Form	990-E	Z, Pa	ırt V, liı	ne 40b.			
1 (a)) Name of disqua	lified person	(b) Relationship be	etween disqua organization	lified person ar	nd		escript ansacti				ected?
					or garnzacion		+	Li	ansacu	011	Ye	es	No
					l:6:l					_			
	mount of tax incu	,	-	-		_	year u	ınaer 	_	ր \$ ——			
3 Enter the ar	mount of tax, if a	ny, on line 2, a	above, rein	nbursed by the o	organization .					\$			
Part II Loa	ans to and/or	From Inter	ested Pa	ersons									
Con	nplete if the orga	nization answe	red "Yes"	on Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pai	rt IV,	line 26	; or if	the org	anizat	ion
repo (a) Name of	orted an amount (b) Relationship				(a) Original	(f) Balance	(a)	In		h)		1 \//_:i+	ton
interested person				anization?	(e) Original principal	due	(g) defa		Appro		(i) Written agreement?		
					amount					rd or nittee?			
			То	From	1		Yes	No	Yes	No	Yes		No.
Total .				<u> </u>	\$	1							
Part III Gra	nts or Assista	nce Benefit	ing Inte	rested Perso	ns.								
	plete if the org												
(a) Name of inter		b) Relationship nterested perso		(c) Amount	of assistance	(d) Type (of assi	stanc	e	(e) Pu	rpose o	f assi	stance
	"	organizat											
				1									
	+			+		+			-+				
For Paperwork Red	uction Act Notice	see the Instru	ctions for F	orm 990 or 990-l	F7 . C:	at. No. 50056A		Sci	andula I	(Form	990 or	990-1	7) 201

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's
				Yes	No
AMERICAN MUTUAL HEALTH INSURANCE COMPANY	KARA FREEMAN IS A BOARD MEMBER OF AMHIC AND AN OFFICER AT ACE	1,862,770	INSURANCE PREMIUMS		No

Explanation

Schedule L (Form 990 or 990-EZ) 2019

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

efile GRAPH	IC print -	DO NOT PROCESS A	s Filed Data -			DLN: 93493112013461
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. Separtment of the Treasury Department of the Treasury Page 201 Attach to Form 990 or 990-EZ. So to www.irs.qov/Form990 for the latest information.						OMB No. 1545-0047 2019 Open to Public Inspection
Namel Betherofg AMERICAN COUNC 990 Schedul	IL ON EDUCAT	ION emental Information			Employer 53-019657	identification number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 1	AST CHAIF	R, ACE PRESIDENT, AND A	T LEAST TWO AD OWERED TO ACT	BOARD CHAIR, VICECHAIR, S DDITIONAL MEMBERS OF THE ON BEHALF OF THE FULL BO OF THE BOARD.	E BOARD OF	DIRECTORS. T

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE COUNCIL HAS FOUR CLASSES OF MEMBERS: NATIONAL ASSOCIATION MEMBERS, INSTITUTIONAL MEMBERS, ORGANIZATION MEMBERS, AND PROBATIONARY MEMBERS. NATIONAL ASSOCIATION MEMBERS ARE NONPR OFIT ORGANIZATIONS PRIMARILY CONCERNED WITH HIGHER EDUCATION. INSTITUTIONAL MEMBERS CONSIS TOF COLLEGES AND UNIVERSITIES, LEGALLY AUTHORIZED TO GRANT DEGREES, ACCREDITED BY AN AGEN CY RECOGNIZED BY THE COUNCIL FOR HIGHER EDUCATION ACCREDITATION OR BY AN AGENCY RECOGNIZED BY THE DEPARTMENT OF EDUCATION, OR A MULTI-CAMPUS INSTITUTION OR STATE SYSTEM. ORGANIZATI ON MEMBERS ARE NONPROFIT ORGANIZATIONS PRIMARILY CONCERNED WITH HIGHER EDUCATION AND WHOSE MEMBERSHIP IS RESTRICTED BY LOCAL, STATE, OR REGIONAL BOUNDARIES OR OTHER CONSIDERATIONS; OR NONPROFIT ORGANIZATIONS PRINCIPALLY ENGAGED IN ELEMENTARY OR SECONDARY EDUCATION AND WHICH ARE LOCAL, STATE, REGIONAL, OR NATIONAL IN SCOPE, PROBATIONARY MEMBERS CONSIST OF COLLEGES, UNIVERSITIES, AND OTHER POSTSECONDARY INSTITUTIONS THAT OFFER DEGREES AND ARE CANDID DATES FOR ACCREDITATION BY AN AGENCY RECOGNIZED BY THE COUNCIL FOR HIGHER EDUCATION ACCRED ITATION OR BY THE DEPARTMENT OF EDUCATION, ASSOCIATE MEMBERS ARE NONVOTING MEMBERS OF WHOSE INCLUSION IN THE COUNCIL MAY ADVANCE THE INTERESTS OF HIGHER EDUCATION, ACE OR ITS MEMBE RSHIP, AND ARE IN THE FOLLOWING CATEGORIES: BRANCH OR REGIONAL SUBSCRIBERS, SUCH AS CAMPUS ES THAT ARE NOT SEPARATELY ACCREDITED, BUT UNDER THE AUSPICES OF A MEMBER-ELIGIBLE INSTITUTION OR SYSTEM. INTERNATIONAL MEMBERS, SUCH AS HIGHER EDUCATION ASSOCIATIONS OR INSTITUTION ON OR SYSTEM. INTERNATIONAL MEMBERS, SUCH AS HIGHER EDUCATION ASSOCIATIONS OR INSTITUTION ON OR SYSTEM. INTERNATIONAL MEMBERS, SUCH AS HIGHER EDUCATION, AND OTHER ORGANIZATION OF PROFESSIONS. AFFILIATE MEMBERS, SUCH AS CORPORATIONS, FOUNDATIONS, AND OTHER ORGANIZATIONS THAT ARE CONCERNED WITH HIGHER EDUCATION. INDIVIDUAL MEMBERS, SUCH AS INDIVIDUALS CONCERNED WITH HIGHER EDUCATION.

Return Explanation
Reference

FORM 990, PART VI, ONAL MEMBERS, ORGANIZATION MEMBERS AND PROBATIONARY MEMBERS. VOTING IS LIMITED TO MEMBERS SECTION A, LINE 7A

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT VERSION OF IRS FORMS 990 AND 990-T ARE INITIALLY CIRCULATED AMONG ACE'S ENTIRE BOA RD PRIOR TO FILING. THE PURPOSE OF MAKING THE FORMS AVAILABLE TO THE ENTIRE BOARD MEMBERSH IP IS TO SOLICIT QUESTIONS AND/OR SUGGESTIONS FOR IMPROVEMENTS TO THE DRAFT. ACE'S CHIEF F INANCIAL OFFICER (CFO) COMPILES ALL COMMENTS RECEIVED FROM THE BOARD AND RESOLVES THOSE MA TTERS PRIOR TO FILING OF FORMS 990 AND 990T. ACE'S AUDIT COMMITTEE OF THE BOARD OF DIRECTO RS IS CHARGED WITH COMPLIANCE OVERSIGHT, INCLUDING THE ACCURATE AND TIMELY FILING OF FORMS 990 AND 990-T. THE AUDIT COMMITTEE ALSO PERIODICALLY RECEIVES UPDATES CONCERNING CHANGES TO THE FORMS PROMULGATED BY THE IRS.

Return Explanation

FORM 990,	ACE HAS A CONFLICTS OF INTEREST POLICY. THE COUNCIL'S GENERAL COUNSEL IS RESPONSIBLE FOR M
PART VI,	ANAGING AN ANNUAL PROCESS BY WHICH EACH COVERED PERSON, AND EVERY OTHER ACE EMPLOYEE, IS A
SECTION B,	SKED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY THAT THE PERSON HAS READ
LINE 12C	. COMPLIED WITH AND AGREES TO COMPLY WITH THAT POLICY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	FOR THIS TAX YEAR, THE PRESIDENT'S COMPENSATION WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTOR'S COMPENSATION COMMITTEE, AND IT DETERMINED TO INCREASE THE PRESIDENT'S PAY AT A RATE EQUIVALENT TO THE BOARD-APPROVED RATE APPLIED FOR ALL ACE EMPLOYEES. SIMILARLY, SALAR Y FOR OTHER OFFICERS AND EMPLOYEES WHO ARE "DISQUALIFIED PERSONS" WITHIN THE MEANING OF SE CTION 4958 WAS INCREASED AT THE RATE APPROVED BY THE BOARD FOR ALL ACE EMPLOYEES. WHILE TH IS DETERMINATION WAS MADE AND APPLIED COUNCIL-WIDE FOR THIS TAX YEAR, I.E. FOR ALL EMPLOYE ES, IT IS NOTED THAT "DISQUALIFIED PERSONS," IN ADDITION TO THE PRESIDENT, OCCUPY THE FOLL OWING POSITIONS: SVPS, VP-CHIEF FINANCIAL OFFICER AND VP-CHIEF OF STAFF. PURSUANT TO ITS B YLAWS, THE COUNCIL'S BOARD OF DIRECTORS HAS DELEGATED AUTHORITY TO ITS COMPENSATION COMMIT TEE, WHICH IS COMPOSED OF MEMBERS OF ITS EXECUTIVE COMMITTEE, TO PROVIDE INDEPENDENT OVERS IGHT AND, AS APPROPRIATE, APPROVAL OF SALARY AND OTHER COMPENSATION ARRANGEMENTS FOR ACE'S PRESIDENT AND THESE DISQUALIFIED PERSONS. AS SUCH, THE COMPENSATION COMMITTEE IS ATTENTIVE TO THE POLICIES RELATED TO THE COUNCIL'S COMPENSATION STRUCTURE FOR DISQUALIFIED PERSONS, AND TO ENSURING THAT SUCH COMPENSATION IS REASONABLY INFORMED BY COMPENSATION OFFERED FOR SIMILAR SERVICES BY COMPARABLE ASSOCIATIONS OR ORGANIZATIONS, TAKING INTO ACCOUNT THEIR COMPARABLE CIRCUMSTANCES. REGARDING THE PRESIDENT POSITION SPECIFICALLY, THE COMPENSATION COMMITTEE HAS A PRACTICE OF RECEIVING COMPARABLE COMPENSATION DATA, INFORMED BY INDEPENDEN T COMPENSATION CONSULTANTS, FOR A PEER GROUP OF ORGANIZATIONS WHICH INCLUDES THE PRIMARY R ECRUITING SOURCES FOR THE ACE PRESIDENT POSITION.

Return Explanation

FORM 990,
PART VI,
SECTION C,
LINE 19

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	BANK AND CREDIT CARD FEES: PROGRAM SERVICE EXPENSES 83,159. MANAGEMENT AND GENERAL EXPENSE S 24,986. FUNDRAISING EXPENSES 1,751. TOTAL EXPENSES 109,896. BUSINESS SERVICE FEES: PROGR AM SERVICE EXPENSES 12,209. MANAGEMENT AND GENERAL EXPENSES 3,669. FUNDRAISING EXPENSES 25 7. TOTAL EXPENSES 16,135. CONTRACTED PERSONNEL: PROGRAM SERVICE EXPENSES 128,314. MANAGEME NT AND GENERAL EXPENSES 38,554. FUNDRAISING EXPENSES 2,701. TOTAL EXPENSES 169,569. HONORA RIUM: PROGRAM SERVICE EXPENSES 55,605. MANAGEMENT AND GENERAL EXPENSES 16,707. FUNDRAISING EXPENSES 1,171. TOTAL EXPENSES 73,483. CONSULTANTS: PROGRAM SERVICE EXPENSES 2,065,310. M ANAGEMENT AND GENERAL EXPENSES 620,555. FUNDRAISING EXPENSES 43,479. TOTAL EXPENSES 2,729, 344. RECRUITMENT EXP: PROGRAM SERVICE EXPENSES 25,913. MANAGEMENT AND GENERAL EXPENSES 7,7 86. FUNDRAISING EXPENSES 546. TOTAL EXPENSES 34,245. SPEAKER FEES: PROGRAM SERVICE EXPENSE S 15,134. MANAGEMENT AND GENERAL EXPENSES 19,999. OTHER SERVICE FEES: PROGRAM SERVICE EXPENSES 3,786. MANAGEMENT AND GENERAL EXPENSES 5 1,138. FUNDRAISING EXPENSES 80. TOTAL EXPENSES 5,004. SUB-AWARDS/SUB-CONTRACTS: PROGRAM SERVICE EXPENSES 1,966,947. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOT AL EXPENSES 1,966,947. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOT AL EXPENSES 1,966,947.

Return Explanation Reference

FORM 990. POSTRETIREMENT CHANGE OTHER THAN NET PERIODIC BENEFIT COST 104.127. PART XI.

LINE 9:

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493:	112013	461			
SCHEDULE R (Form 990) Department of the Treasury	> (Related C Complete if the organ ► Go to <u>www</u>	nization ar	swered "Yes ▶ Attach to	" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,		37.		20 Open to	OMB No. 1545-0047 2019 Open to Public Inspection				
Internal Revenue Service Name of the organization AMERICAN COUNCIL ON EDUCATION									Emp	loyer identif	ication						
										196573							
Part I Identification	of Disregarded E	ntities. Complete if	the orga	nization ansv	vered "Yes	s" on Forn	1 990, Part	: IV, line 3	33.								
Name, address, and	(a) EIN (if applicable) of disr	egarded entity		(b) Primary a		Legal dom or foreign	c) icile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct coi enti					
	of Related Tax-Ex npt organizations do	empt Organizatior uring the tax year.	ıs. Compl	ete if the org	ganization	answered	l "Yes" on I	Form 990	, Part I	IV, line 34 be	ecause	e it had one or	more				
Name, address, an	(a) d EIN of related organizat	ion	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod			(e) charity status on 501(c)(3))	Di	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?			
													Yes	No			
For Paperwork Peduction Ag						t No 5013						edule P (Form					

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			Name, address, and EIN of Primary Legal Direct			unrelated, excluded from tax under sections 512-	of Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		alor Pe	(k) ercentage wnership
					514)			Yes No			Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

chedule R (Form 990) 2019					Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered	Yes" on Form 990, Pa	rt IV, line 34, 35b	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations listed ir	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
${f b}$ Gift, grant, or capital contribution to related organization(s)				1 b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
f d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1 i		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1 p		\vdash
q Reimbursement paid by related organization(s) for expenses				1 q		
r Other transfer of cash or property to related organization(s)				1r		\vdash
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered	relationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	volved	I

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) (b) (e) (g) (h) (k) Percentage Name, address, and EIN of entity Primary activity Legal Predominant Are all partners Share of total Share of Disproprtionate Code V-UBI General or domicile income section income end-of-year allocations? amount in managing ownership (state or (related, 501(c)(3) assets box 20 partner? organizations? of Schedule foreign unrelated, excluded from K-1 country) (Form 1065) tax under sections 512-514) Yes Yes No Yes No No (1)GED TESTING SERVICE LLC TESTING DE RELATED No 1,148,084 4,458,393 No No 30.000 % PROGRAM 5601 GREEN VAL DRIVEBLOOMINGTON, MN 55437 27-5436001

Schedule R (Form 990) 2019								
Part VII	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation						