



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

EDUCATIONAL TESTING SERVICE (ETS) WAS INCORPORATED IN 1947 BY THE BOARD OF REGENTS FOR THE EDUCATION DEPARTMENT OF THE STATE OF NEW YORK AS AN EDUCATIONAL ORGANIZATION TO ENGAGE IN RESEARCH, SERVICES AND OTHER ACTIVITIES IN THE FIELD OF EDUCATIONAL TESTING MISSIONOUR MISSION IS TO HELP ADVANCE QUALITY AND EQUITY IN EDUCATION BY PROVIDING FAIR AND VALID ASSESSMENTS, RESEARCH AND RELATED SERVICES OUR PRODUCTS AND SERVICES MEASURE KNOWLEDGE AND SKILLS, PROMOTE LEARNING AND PERFORMANCE, AND SUPPORT EDUCATION AND PROFESSIONAL DEVELOPMENT FOR ALL PEOPLE WORLDWIDE VISIONETS WILL BE RECOGNIZED AS THE GLOBAL LEADER IN PROVIDING FAIR AND VALID ASSESSMENTS, RESEARCH AND RELATED PRODUCTS AND SERVICES TO HELP INDIVIDUALS MAKE SUCCESSFUL EDUCATIONAL AND CAREER TRANSITIONS THROUGHOUT THEIR LIVES, PARENTS UNDERSTAND AND USE ASSESSMENTS AND RELATED PRODUCTS TO HELP THEIR CHILDREN REACH THEIR FULL POTENTIAL AND TEACHERS IMPROVE THEIR PRACTICE THROUGH ASSESSMENT AND PROFESSIONAL DEVELOPMENT

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 963,432,457 including grants of \$ 1,207,001 ) (Revenue \$ 989,849,246 )
	See Additional Data

<b>4b</b>	(Code ) (Expenses \$ 149,684,552 including grants of \$ ) (Revenue \$ 191,702,956 )
	See Additional Data

<b>4c</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b> ▶ 1,113,117,009
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</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	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	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> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part 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 . . . . . ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 110,184	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

<b>2a</b> 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 . . . . .		<b>2a</b>	30,188	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ► CA , CH , FR , IS , JO , KS , NL , PL , TU See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> 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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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. ☒

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 16		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 15		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b> Yes	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b> Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: AZ, CA, DC, DE, IN, KS, NJ, NY, OR

**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 ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**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:  
**►MICHAEL J FREDDO VP & CONTROLLER ROSEDALE ROAD MS 20-J PRINCETON, NJ 08541 (609) 921-9000**

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 and any related organizations

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

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

[illegible]

**Part VII      Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	19,144,369	0	1,574,673

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,394

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ACCENTURE LLP 161 NORTH CLARK ST CHICAGO, IL 60601	SUPPLY CHAIN	68,644,256
PROMETRIC LLC 1501 SOUTH CLINTON STREET BALTIMORE, MD 21224	TEST ADMINISTRATION SERVICES	60,126,219
COMPUTER SCIENCES CORPORATION 3180 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	COMPUTER SERVICES	52,548,503
ADECCO CORPORATION 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	TEMPORARY LABOR	24,036,872
AMERICAN INSTITUTES FOR RESEARCH 200 VESEY STREET FLOOR 24 NEW YORK, NY 10281	CONSULTING	23,211,097

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 287



Form 990 (2018)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e	10,264,409									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	712,508									
	g Noncash contributions included in lines 1a - 1f \$												
	h Total. Add lines 1a-1f		10,976,917										
Program Service Revenue				Business Code									
	2a TEST DEVLPMT & SCORING			611710	989,849,246	989,849,246							
	b TEST ADMIN & DELIVERY			611710	191,702,956	191,702,956							
	c												
	d												
	e												
	f All other program service revenue												
	9 Total. Add lines 2a-2f			1,181,552,202									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,129,621				-4,469		10,134,090			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties			73,931,235						73,931,235			
			(i) Real	(ii) Personal									
	6a Gross rents		27,729										
	b Less rental expenses		0										
	c Rental income or (loss)		27,729										
	d Net rental income or (loss)				27,729				27,729				
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		278,753,176										
	b Less cost or other basis and sales expenses		275,234,619										
	c Gain or (loss)		3,518,557										
	d Net gain or (loss)				3,518,557				3,518,557				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a										
	b Less direct expenses		b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities See Part IV, line 19		a										
	b Less direct expenses		b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances		a										
b Less cost of goods sold		b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11a OCCUPATIONAL&PROF SKI			611600		9,735,241		9,735,241						
b CHAUNCEY CONFERENC CEN			721000		4,528,841		4,528,841						
c													
d All other revenue													
e Total. Add lines 11a-11d					14,264,082								
12 Total revenue. See Instructions					1,294,400,343		1,181,552,202		14,259,613				
									87,611,611				
Form 990 (2018)													

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	946,054	946,054		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	260,948	260,948		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	17,317,486	6,466,506	10,850,980	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	530,729		530,729	
<b>7</b> Other salaries and wages.	316,381,484	262,078,749	54,302,735	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	27,496,866	22,093,048	5,403,818	
<b>9</b> Other employee benefits.	42,395,949	34,064,091	8,331,858	
<b>10</b> Payroll taxes.	22,012,705	17,686,661	4,326,044	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	6,947,564	911,740	6,035,824	
<b>c</b> Accounting.	3,927,402		3,927,402	
<b>d</b> Lobbying.	31,005		31,005	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	5,237,597		5,237,597	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	565,059,253	521,933,875	43,125,378	
<b>12</b> Advertising and promotion.	23,579,488	22,770,613	808,875	
<b>13</b> Office expenses.	148,056,188	142,466,737	5,589,451	
<b>14</b> Information technology.				
<b>15</b> Royalties.	2,429,266	2,429,266		
<b>16</b> Occupancy.	22,761,737	15,179,105	7,582,632	
<b>17</b> Travel.	8,369,739	6,742,801	1,626,938	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	2,573,495	2,085,709	487,786	
<b>20</b> Interest.	2,375,329		2,375,329	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	50,011,816	46,412,376	3,599,440	
<b>23</b> Insurance.	2,288,178		2,288,178	
<b>24</b> 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):				
<b>a</b> CHAUNCEY CONFERENCE CEN	4,022,109	4,022,109		
<b>b</b> INCOME TAXES	3,894,362	3,894,362		
<b>c</b> BUSINESS FEES	2,718,499	231,160	2,487,339	
<b>d</b> MEMBERSHIP AND DUES	623,871	441,099	182,772	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,282,249,119	1,113,117,009	169,132,110	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	64,541,928	<b>1</b>	483,323
	<b>2</b> Savings and temporary cash investments . . . . .	147,644,161	<b>2</b>	156,655,773
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	155,858,138	<b>4</b>	223,529,390
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	42,879,502	<b>7</b>	25,681,584
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	31,376,786	<b>9</b>	31,054,412
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 308,072,789		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 195,812,552	119,984,856	<b>10c</b> 112,260,237
	<b>11</b> Investments—publicly traded securities . . . . .	169,753,652	<b>11</b>	207,122,358
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,111,869,104	<b>12</b>	1,119,579,153
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	71,356,969	<b>13</b>	33,659,969
	<b>14</b> Intangible assets . . . . .	116,428,400	<b>14</b>	101,453,235
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,479,574	<b>15</b>	3,581,658
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,035,173,070	<b>16</b>	2,015,061,092	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	200,939,661	<b>17</b>	207,944,543
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	106,592,983	<b>19</b>	113,305,278
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .	204,074,566	<b>25</b>	202,269,670
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	511,607,210	<b>26</b>	523,519,491
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,523,565,860	<b>27</b>	1,491,541,601
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	1,523,565,860	<b>33</b>	1,491,541,601	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	2,035,173,070	<b>34</b>	2,015,061,092	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,294,400,343
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,282,249,119
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	12,151,224
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,523,565,860
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	43,679,812
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-87,855,295
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,491,541,601

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</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	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 21-0634479  
**Name:** EDUCATIONAL TESTING SERVICE

Form 990 (2018)

**Form 990, Part III, Line 4a:**

ASSESSMENT RESEARCH, DEVELOPMENT, AND SCORING EDUCATIONAL TESTING SERVICE ("ETS") CONDUCTS RESEARCH ON STATISTICAL AND PSYCHOMETRIC METHODOLOGY TO ADVANCE THE SCIENCE OF EDUCATIONAL MEASUREMENT AND ENSURE THE TECHNICAL QUALITY AND FAIRNESS OF ETS'S ASSESSMENTS AND ASSESSMENT-RELATED SERVICES THROUGH ITS POLICY EVALUATION AND RESEARCH CENTER, ETS ALSO CONDUCTS RESEARCH AND ANALYSES THAT ADDRESS CHALLENGING EDUCATIONAL POLICY ISSUES IN CONJUNCTION WITH ITS RESEARCH, ETS DEVELOPS EDUCATIONAL ASSESSMENTS FOR USE BY STATES IN K-12 ASSESSMENT, FOR COLLEGE ADMISSIONS AND THE TRANSITION FROM HIGH SCHOOL TO COLLEGE, FOR GRADUATE AND BUSINESS SCHOOL ADMISSIONS, AND FOR USE IN MEASURING KNOWLEDGE AND SKILLS, PROMOTING LEARNING AND PERFORMANCE, AND SUPPORTING EDUCATION AND PROFESSIONAL DEVELOPMENT ETS HAS DEVELOPED MORE THAN 200 ASSESSMENT PROGRAMS INCLUDING BUT NOT LIMITED TO PRAXIS, HISET, TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL), GRADUATE RECORD EXAMINATION (GRE), TEST OF ENGLISH FOR INTERNATIONAL COMMUNICATION (TOEIC), AND STATE SPECIFIC AND PRE-COLLEGE ASSESSMENTS IN CONJUNCTION WITH ITS RESEARCH, ETS CONTINUES WORKING COLLABORATIVELY WITH THE NATIONAL CENTER FOR EDUCATION STATISTICS ON THE NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS (NAEP) ADDITIONALLY, ETS'S INSTITUTE FOR STUDENT ACHIEVEMENT (ISA) CONTINUES WORKING IN PARTNERSHIP WITH DISTRICTS AND SCHOOLS TO TRANSFORM UNDERPERFORMING HIGH SCHOOLS INTO RIGOROUS AND SUPPORTIVE LEARNING ENVIRONMENTS THAT PREPARE STUDENTS TO BE COLLEGE-READY EACH YEAR, ETS SCORES AND DELIVERS MILLIONS OF ASSESSMENTS AND SCORE REPORTS TO EXAMINEES AND INSTITUTIONS, IN NUMEROUS FORMATS AND USING A VARIETY OF MEANS THE PROCESS OF SCORING EDUCATIONAL ASSESSMENTS INCLUDES ENSURING THAT TESTS (A) ACCURATELY MEASURE WHAT THEY ARE INTENDED TO MEASURE, (B) GENERATE CONSISTENT RESULTS ACROSS DIFFERENT VERSIONS AND AMONG DIFFERENT GROUPS OF TEST TAKERS, AND (C) ARE FAIR TO ALL TEST TAKERS

**Form 990, Part III, Line 4b:**

ASSESSMENT ADMINISTRATION & DELIVERYETS PROVIDES TEST ADMINISTRATION AND DELIVERY SERVICES ETS ADMINISTERS APPROXIMATELY 16 MILLION ASSESSMENTS ANNUALLY IN MORE THAN 9,000 LOCATIONS ETS DOES NOT OWN OR OPERATE ANY TEST CENTERS, INSTEAD ETS ENGAGES INDEPENDENT 3RD PARTY SERVICES PROVIDERS TO ADMINISTER AND DELIVER ASSESSMENTS AROUND THE WORLD ASSESSMENT ADMINISTRATION STAFF ARE SUBJECT TO A RIGOROUS TRAINING AND APPROVAL PROCESS PRIOR TO THE ADMINISTRATION OF AN ASSESSMENT FOR EXAMPLE, TEST CENTER ADMINISTRATORS MUST DEMONSTRATE THE ABILITY TO PERFORM PRIMARY RESPONSIBILITIES, SUCH AS ESTABLISHING A SECURE TESTING ENVIRONMENT AND MANAGING THE DAY-TO-DAY TESTING ACTIVITIES PRIOR TO ADMINISTRATION OF AN ASSESSMENT THESE ACTIVITIES PROVIDE SUPPORT FOR THE ADMINISTRATION AND DELIVERY OF GROUP ASSESSMENTS IN NUMEROUS FORMATS AND USING A VARIETY OF MEANS

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COLBERT ISAAC ..... TRUSTEE	1 00 .....	X						62,000	0	0
ENGLISH MICHELA A ..... TRUSTEE	2 00 .....	X						102,000	0	0
GANDARA PATRICIA ..... TRUSTEE	2 00 .....	X						66,000	0	0
GARCIA MILDRED ..... TRUSTEE	2 00 .....	X						66,000	0	0
GARCIA OFELIA ..... TRUSTEE	1 00 .....	X						62,000	0	0
HENDERSON WADE N ..... TRUSTEE	2 00 .....	X						90,000	0	0
HUDSON DARIENNE ..... TRUSTEE	2 00 .....	X						62,000	0	0
KANTER MARTHA ..... TRUSTEE	2 00 .....	X						70,000	0	0
KRULL WILHELM ..... TRUSTEE	2 00 .....	X						33,500	0	0
LANDGRAF KURT ..... TRUSTEE	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEWIS EARL ..... TRUSTEE	2 00 .....	X						77,000	0	0
LUMPKINS ROBERT ..... TRUSTEE	2 00 .....	X						77,000	0	0
MACDONALD WALTER B ..... PRESIDENT	40 00 .....	X		X				1,308,507	0	41,967
MURLEY ROBERT S ..... TRUSTEE	1 50 .....	X						77,000	0	0
PELLEGRINO JAMES ..... TRUSTEE	2 00 .....	X						104,700	0	0
QUAZZO DEBORAH ..... TRUSTEE	2 00 .....	X						54,000	0	0
SINE JEFFREY ..... TRUSTEE	2 00 .....	X						73,000	0	0
STEWART DEBRA W ..... TRUSTEE	2 00 .....	X						92,000	0	0
TATUM BEVERLY DANIEL ..... TRUSTEE	2 00 .....	X						78,000	0	0
BAILEY DIANE A ..... SVP, PRODUCTION & DELIVERY	40 00 .....			X				536,698	0	56,454



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BASEHORE JOHN ..... VP & TREASURER	40 00 .....			X				408,777	0	51,302
DONADO YVETTE ..... SVP & CHIEF ADMIN OFFICER	40 00 .....			X				508,923	0	12,184
DRAPER JR WILLIAM C ..... VP & COO COLLEGE BOARD	40 00 .....			X				429,348	0	35,988
ERCIKAN-ALPER KADRIYE ..... VP STAT ANALYSIS & PSYCH RSRCH	40 00 .....			X				378,749	0	54,207
FARNUM MARISA ..... VP-ASSESSMENT DEVELOPMENT	40 00 .....			X				374,068	0	38,209
FREDDO MICHAEL J ..... VP & CONTROLLER	40 00 .....			X				439,493	0	38,253
GILBERTSON BRUCE M ..... VP FACILITIES & REAL ESTATE	40 00 .....			X				398,859	0	19,939
GORIN JOANNA ..... VP RESEARCH	40 00 .....			X				472,422	0	50,600
HAYON JACK ..... SVP & CHIEF FINANCIAL OFFICER	40 00 .....			X				768,282	0	50,072
HERNANDEZ SANDRA ..... VP-FINANCE	40 00 .....			X				414,747	0	40,350

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOBSON DAVID ..... VP & CORPORATE SECRETARY	40 00 .....			X				413,146	0	35,961
HUNT DAVID ..... EXECUTIVE VP & COO	40 00 .....			X				754,368	0	79,331
JOHNSON-GREGORY SHEREE L ..... VP ASSOC GENERAL COUNSEL & CDO	40 00 .....			X				465,105	0	46,848
LAWRENCE IDA M ..... SR VP-RESEARCH & DEVELOPMENT	40 00 .....			X				563,425	0	41,805
LESTER SARA ..... VP HUMAN RESOURCES & LEARNING	40 00 .....			X				247,909	0	32,170
LOWERY LILIAN M ..... VP & COO STA K12 & TLC	40 00 .....			X				110,719	0	7,179
NELSON SCOTT F ..... SVP & CHIEF MARKETING OFFICER	40 00 .....			X				518,554	0	68,832
NETTLES MICHAEL T ..... SVP-CTR POLICY EVAL & RSRCH	40 00 .....			X				487,240	0	48,342
OSWALD JOHN ..... VP CLIENT RELATIONS & OUTREACH	40 00 .....			X				403,232	0	41,298
PAYNE DAVID G ..... VP & COO GLOBAL EDUCATION	40 00 .....			X				497,826	0	47,082

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PFUND REBECCA ..... CHIEF INFORMATION OFFICER	40 00 .....			X				488,309	0	63,004
POTE STEPHEN K ..... VP CHIEF QUALITY OFFICER	40 00 .....			X				555,075	0	20,177
ROBINSON DIERDRE ..... VP & CLO SWS	40 00 .....			X				434,096	0	1,200
ROCKEY ANNE F ..... VP - OPERATIONS	40 00 .....			X				383,309	0	50,176
SCHROEDER GLENN C ..... SVP & GENERAL COUNSEL	40 00 .....			X				683,986	0	42,173
WAKEMAN DANIEL ..... VP & CHIEF INFORMATION OFFICER	40 00 .....			X				446,229	0	46,146
WEAVER SCOTT V ..... VP CHIEF STRATEGY OFFICER	40 00 .....			X				507,665	0	63,948
WILLIAMSON DAVID ..... VP NEW PRODUCT DEVELOPMENT	40 00 .....			X				357,348	0	53,092
HUDE TRACY ..... VP - FINANCE (AS OF 09/14/19)	40 00 .....			X				289,264	0	28,536
TAYLOR-SMITH RALPH ..... VP CORP DEVLPMT (AS OF 06/28/19)	40 00 .....			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENNETT RANDY E ..... FREDERIKSEN CHAIR ASSESSMENT	40 00 .....					X		371,397	0	32,635
CHAN PETER ..... GNRL MGR, APPLICATION DEVELOP	40 00 .....					X		342,060	0	56,485
KIRSCH IRWIN ..... TYLER CHAIR LG SCALE ASSESMEN	40 00 .....					X		381,079	0	40,269
MCHALE FREDERICK ..... GENERAL MANAGER, STAT ANALYSIS	40 00 .....					X		322,136	0	38,451
PATANELLARICHARD J ..... CHIEF FINANCIAL ADVISOR	40 00 .....					X		341,211	0	39,850
VALDES GUADALUPE ..... FORMER TRUSTEE	0 00 .....						X	11,750	0	0
WINCKLER GEORG ..... FORMER TRUSTEE	0 00 .....						X	26,000	0	0
ELLIOTT THOMAS J ..... FORMER VP & CLO SWS	0 00 .....						X	132,243	0	38,042
KERINS NANCY J ..... FORMER SVP-PROD & DELIVERY	0 00 .....						X	356,956	0	0
LAZER STEPHEN ..... FORMER VP-STUD & TEACH ASSESS	0 00 .....						X	261,563	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAZZEO JOHN ..... FORMER VP STAT ANALYSIS & PSYCH	0 00 .....						X	306,096	0	22,116

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

EDUCATIONAL TESTING SERVICE

Employer identification number

21-0634479

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,869,527	8,691,255	8,163,384	9,606,303	10,976,917	43,307,386
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	812,183,280	1,211,680,710	1,227,726,560	1,196,751,734	1,182,676,188	5,631,018,472
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	818,052,807	1,220,371,965	1,235,889,944	1,206,358,037	1,193,653,105	5,674,325,858
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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	363,759,501	525,014,890	525,817,956	552,234,747	528,126,041	2,494,953,135
<b>c</b> Add lines 7a and 7b	363,759,501	525,014,890	525,817,956	552,234,747	528,126,041	2,494,953,135
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3,179,372,723

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	818,052,807	1,220,371,965	1,235,889,944	1,206,358,037	1,193,653,105	5,674,325,858
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96,024,877	119,884,373	138,342,221	137,763,402	84,093,054	576,107,927
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	96,024,877	119,884,373	138,342,221	137,763,402	84,093,054	576,107,927
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	914,077,684	1,340,256,338	1,374,232,165	1,344,121,439	1,277,746,159	6,250,433,785
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	50.870 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	51.860 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	9.220 %
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	9.880 %
<b>19a 33 1/3% support tests—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 21-0634479  
Name: EDUCATIONAL TESTING SERVICE

**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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization EDUCATIONAL TESTING SERVICE	<b>Employer identification number</b> 21-0634479
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 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 ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 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 filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		31,005													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		31,005													
<b>d</b> Other exempt purpose expenditures		1,281,080,989													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		1,281,111,994													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**4-Year Averaging Period Under section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	37,186	27,376	49,960	31,005	145,527
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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 expenditure next year?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-A, LINE 2, LOBBYING ACTIVITIES	TOTAL ETS FEDERAL AND STATE LOBBYING EXPENSES WERE \$31,005. THE TOTAL LOBBYING EXPENDITURES OF ETS WERE MINIMAL IN COMPARISON TO TOTAL REVENUES.



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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

EDUCATIONAL TESTING SERVICE

Employer identification number

21-0634479

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

6

Number of states where property subject to conservation easement is located ►

7

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

11

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

\$

\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

\$

\$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,970,618		1,970,618
b Buildings . . . . .		199,640,636	118,484,700	81,155,936
c Leasehold improvements		25,952,812	17,728,281	8,224,531
d Equipment . . . . .		80,508,723	59,599,571	20,909,152
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				112,260,237

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) INVESTMENT IN AFFILIATED ENTITIES	47,481,497	F
(B) NON-PUBLICLY TRADED SECURITIES	1,072,097,656	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	1,119,579,153	

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
NOTES PAYABLE - SHORT TERM DEBT	20,391,035	
INTERCOMPANY PAYABLE	20,746	
LONG TERM DEBT	41,788,561	
OTHER LONG TERM LIABILITIES	140,069,328	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	202,269,670	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 21-0634479  
**Name:** EDUCATIONAL TESTING SERVICE

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THIS SUMMARY REFLECTS THE ETS PORTION OF THE ASC 740-10(FIN 48) NOTE IN THE CONSOLIDATED FINANCIAL STATEMENTS. EDUCATIONAL TESTING SERVICE ADOPTED ASC 740-10(FIN 48) ON JANUARY 1, 2009 IN ACCORDANCE WITH U.S. GENERALLY ACCEPTED ACCOUNTING PROCEDURES (US GAAP). IN ACCORDANCE WITH THE US GAAP REQUIREMENTS, EDUCATIONAL TESTING SERVICE ADJUSTED ITS NET ASSETS FOR ITS UNCERTAIN TAX POSITIONS. IT IS REASONABLY POSSIBLE THAT THE BALANCE OF GROSS UNRECOGNIZED TAX BENEFITS MAY CHANGE WITHIN THE NEXT TWELVE MONTHS, DUE TO LAPSE OF APPLICABLE STATUTES OF LIMITATIONS OR CLOSURE OF AN EXAMINATION.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EDUCATIONAL TESTING SERVICE

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

21-0634479

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	8,531			35,413,108
<b>b</b> Total from continuation sheets to Part I					208,388,531
<b>c Totals</b> (add lines 3a and 3b)	0	9,055			243,801,639

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_



<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign 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

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts 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 provide any additional information (see instructions).

ReturnReference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 21-0634479

**Name:** EDUCATIONAL TESTING SERVICE

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	536	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	462,495
EAST ASIA AND THE PACIFIC	0	2,562	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	12,421,317

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	540	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	12,634,462
MIDDLE EAST AND NORTH AFRICA	0	1,096	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	2,131,123

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	902	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	1,378,396
RUSSIA AND NEIGHBORING STATES	0	369	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	520,610

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	583	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	1,788,243
SOUTH ASIA	0	1,943	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	4,076,462

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	524	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	1,391,071
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		14,241,501



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		192,333,944
NORTH AMERICA	0	0	INVESTMENTS		422,015

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

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
EDUCATIONAL TESTING SERVICE

Employer identification number

21-0634479

Part I General Information on Grants and Assistance

- 1 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? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 44

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HISTORICALLY BLACK COLLEGES AND UNIVERSITIES PRESIDENTIAL SCHOLARSHIP	12	118,398			
(2) TRENTON CENTRAL HIGH SCHOOL SCHOLARSHIP	15	112,050			
(3) RESEARCH FELLOWSHIPS	1	30,500			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	EDUCATIONAL TESTING SERVICE REQUIRES APPLICANTS FOR SCHOLARSHIPS TO PROVIDE TRANSCRIPTS AND OTHER INFORMATION UPON WHICH THEY ARE EVALUATED DURING FISCAL YEAR 2019, SCHOLARSHIP FUNDS WERE MADE PAYABLE DIRECTLY TO THE UNIVERSITY OR COLLEGE THAT THE AWARDED RECIPIENT ATTENDS OR MADE PAYABLE TO BOTH THE INSTITUTION AND THE STUDENT THE ETS CENTER FOR ADVOCACY AND PHILANTHROPY, A DIVISION OF ETS THAT MANAGES ETS'S CONTRIBUTIONS, HAS ESTABLISHED CRITERIA FOR MAKING GRANTS AND OTHER CONTRIBUTIONS IT ALSO MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS OR IN-KIND CONTRIBUTIONS, AS WELL AS THE GRANTEE'S ELIGIBILITY FOR THE GRANTS IRS FORM W-9 IS REQUESTED FROM ALL ORGANIZATIONS TO ASCERTAIN THE LEGAL NAME, EIN OR TAXPAYER IDENTIFICATION NUMBER AND ADDRESS ETS TYPICALLY MAINTAINS CLOSE CONTACT WITH ITS GRANTEE'S TO MONITOR THEIR PROGRESS IN THE USE OF FUNDS AND, WHENEVER FEASIBLE, THE EXTENT TO WHICH THE FUNDED PROGRAM MET ITS OBJECTIVES SMALL CONTRIBUTIONS (UNDER \$2,000) ARE SOMETIMES MADE TO 501(C)(3) ORGANIZATIONS TO PROMOTE VOLUNTEERISM AND PHILANTHROPY AMONG EMPLOYEES AT ETS ETS MONITORS THE USE OF FUNDS IN SEVERAL WAYS (1) REQUESTS WRITTEN REPORTS ON THE USE OF RESTRICTED FUNDS AND THE ORGANIZATION'S ANNUAL REPORT WHEN THE GRANT IS UNRESTRICTED, (2) FOR SPONSORED EVENTS, SUCH AS CONFERENCES AND WORKSHOPS, ETS REQUESTS PROGRAMS AND OTHER MATERIALS PREPARED FOR THE EVENT, (3) STAFF MEMBERS ATTEND A NUMBER OF SPONSORED EVENTS SO THAT THERE IS DIRECT OBSERVATION, (4) ETS REMAINS IN CONTACT WITH GRANT RECIPIENTS VIA EMAIL, PHONE CALLS AND FACE-TO-FACE MEETINGS, AND (5) ETS OBTAINS COPIES OF ANY RESEARCH PAPERS THAT MIGHT BE DEVELOPED AS A RESULT OF THE GRANT

Additional Data

Software ID:  
Software Version:  
EIN: 21-0634479  
Name: EDUCATIONAL TESTING SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUNDANT NEW LIFE MINISTRIES 221 FRONT STREET FIELDSBORO, NJ 08505	30-0093089	501(C)(3)	0	9,135	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
AMERICAN ASSOCIATION OF HISPANICS IN HIGHER EDUCATION (AAHHE) 1120 S CADY MALL 2ND FLR STE A207E TEMPE, AZ 85287	30-0150324	501(C)(3)	50,000	3,300	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	82-1573446	501(C)(3)	5,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
ANCHOR HOUSE INC 483 CENTRE STREET TRENTON, NJ 08611	22-2229995	501(C)(3)	15,356	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	21-0634556	501(C)(3)	330	7,214	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
CAREER DEVELOPMENT AWARDS PO BOX 2314 PRINCETON, NJ 08543	23-7206954	501(C)(3)	5,000	3,476	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DEFENSE FUND 25 E STREET NW WASHINGTON, DC 20001	52-0895622	501(C)(3)	110,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
COMMUNITIES IN SCHOOLS OF SAN ANTONIO 1616 E COMMERCE BLDG 1 SAN ANTONIO, TX 78205	74-2393714	501(C)(3)	5,258	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTACT OF MERCER COUNTY 60 S MAIN STREET PENNINGTON, NJ 08534	22-2320153	501(C)(3)	5,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2104555	501(C)(3)	10,100	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL LEADERSHIP FOUNDATION OF NJ (NJ SCHOOL BOARDS ASSOCIATION) 413 WEST STATE STREET TRENTON, NJ 08618	26-4437074	501(C)(3)	50,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
EVERY CHILD VALUED 175 JOHNSON AVE LAWRENCEVILLE, NJ 08648	22-2229995	501(C)(3)	15,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EWING HIGH SCHOOL 900 PARKWAY AVE EWING, NJ 08618		GOVERNMENT ENTITY	0	6,765	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
EWING PUBLIC EDUCATION FOUNDATION PO BOX 7033 EWING, NJ 08628	22-3347353	501(C)(3)	45,266	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EWING PUBLIC SCHOOLS DISTRICT 2099 PENNINGTON ROAD EWING, NJ 08618		GOVERNMENT ENTITY	0	8,502	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
FOUNDATION OF MORRIS HALLST LAWRENCE REHABILITATION CENTER 2381 LAWRENCE ROAD LAWRENCE, NJ 08648	52-2250044	501(C)(3)	12,500	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS INSPIRING STUDENTS' PERFORMANCE AND ACHIEVEMENT (HISPA) 573 HARDIN AVE PERTH AMBOY, NJ 08861	52-1825305	501(C)(3)	15,498	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
JUNIOR ACHIEVEMENT OF NEW JERSEY INC 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	22-1774147	501(C)(3)	20,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDSBRIDGE 999 LOWER FERRY ROAD EWING, NJ 08628	22-3438541	501(C)(3)	6,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
LAWRENCE TOWNSHIP COMMUNITY FOUNDATION PO BOX 6707 LAWRENCEVILLE, NJ 08648	22-3835387	501(C)(3)	5,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCE TOWNSHIP EDUCATION FOUNDATION 17 PHILLIPS AVE LAWRENCEVILLE, NJ 08648	22-3192024	501(C)(3)	86,857	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
MCCARTER THEATRE CENTER 91 UNIVERSITY PLACE PRINCETON, NJ 08540	21-0724198	501(C)(3)	10,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCER COUNTY COMMUNITY COLLEGE FOUNDATION 1200 OLD TRENTON ROAD WEST WINDSOR, NJ 08550	22-2133029	501(C)(3)	12,500	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
MERCER COUNTY OFFICE OF EDUCATION 1075 OLD TRENTON ROAD TRENTON, NJ 08690		GOVERNMENT ENTITY	0	10,813	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLHILL CHILD AND FAMILY DEVELOPMENT CORPORATION 101-A OAKLAND STREET TRENTON, NJ 08618	22-2123700	501(C)(3)	5,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
MORRIS COUNTY VOCATIONAL SCHOOL DISTRICT 400 EAST MAIN STREET DENVER, NJ 07834		GOVERNMENT ENTITY	50,916	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI MERCER NJ 1235 WHITEHORSE MERCERVILLE RD BLDG 6 STE 303 HAMILTON, NJ 08619	22-2587453	501(C)(3)	5,000	558	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
NATIONAL URBAN LEAGUE 80 PINE STREET 9TH FLOOR NEW YORK, NY 10005	13-1840489	501(C)(3)	25,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY JUNCTION 3102 DELTA FAIR BLVD ANTIOCH, CA 94509	68-0459131	501(C)(3)	10,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
PARENTS STEP AHEAD 2102 EMPIRE CENTRAL DALLAS, TX 75235	26-2477378	501(C)(3)	25,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEI KIDS PREVENTION EDUCATION INC 231 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08542	22-2594219	501(C)(3)	10,248	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
PRINCETON ADULT SCHOOL PO BOX 701 PRINCETON, NJ 08542	22-1924079	501(C)(3)	5,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCETON HEALTHCARE SYSTEM FOUNDATION 5 PLAINSBORO ROAD SUITE 365 PLAINSBORO, NJ 08536	22-2225911	501(C)(3)	5,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
PRINCETON MERCER REGIONAL CHAMBER 600 ALEXANDER ROAD SUITE 3-2 PRINCETON, NJ 08540	21-0722138	501(C)(3)	5,500	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHABAZZ HIGH SCHOOL 80 JOHNSON AVE NEWARK, NJ 07108		GOVERNMENT ENTITY	0	39,918	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
SHILOH COMMUNITY DEVELOPMENT CORPORATION (TRENTON FREEDOM SCHOOL) 416 BELLEVUE AVE SUITE 201 TRENTON, NJ 08618	12-3799161	501(C)(3)	10,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COLLEGE OF NEW JERSEY 2000 PENNINGTON ROAD EWING, NJ 08618	22-2797398	501(C)(3)	15,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
NATIONAL STATE TEACHERS OF THE YEAR INC 614 S 4TH STREET SUITE 335 PHILADELPHIA, PA 19147	48-1035353	501(C)(3)	40,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRENTON PUBLIC SCHOOLS 108 NORTH CLINTON AVE TRENTON, NJ 08609		GOVERNMENT ENTITY	0	12,000	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
UIH FAMILY PARTNERS 4 N BROAD STREET 2ND FLOOR SUITE 2R TRENTON, NJ 08608	21-0635048	501(C)(3)	10,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERSHED INSTITUTE INC 31 TITUS MILL ROAD PENNINGTON, NJ 08534	21-0649717	501(C)(3)	10,264	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
YOUNG AUDIENCES OF NEW JERSEY 200 FORRESTAL ROAD PRINCETON, NJ 08540	23-7384991	501(C)(3)	36,190	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG PEOPLES PROJECT INC 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	64-0939004	501(C)(3)	10,000	0			SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
YOUNG WOMENS CHRISTIAN ASSOCIATION OF PRINCETON NJ (YWCA) 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0635056	501(C)(3)	18,194	7,317	FMV	CATERING AND SUPPLIES	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization EDUCATIONAL TESTING SERVICE	Employer identification number 21-0634479
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Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		<b>1b</b>	Yes
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		<b>2</b>	Yes
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		<b>6a</b>	Yes
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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

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

See Additional Data Table

**Schedule J (Form 990) 2018**

**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
PART I, LINE 1A	TAX GROSS-UP PAYMENTS/PERSONAL SERVICES TWENTY THREE OFFICERS RECEIVED THIS BENEFIT (RELATED TO FINANCIAL PLANNING) DURING 2018. IT WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE ONE OFFICER RECEIVED THIS BENEFIT DURING 2018. IT WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL.

Return Reference	Explanation
PART I, LINE 3	ETS ENGAGES AN EXTERNAL INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT ORGANIZATION ("IECCO") TO REVIEW AND ADVISE ON WORKER COMPENSATION LAWS FURTHER, THE IECCO PREPARES AN ANNUAL REPORT OF PROPOSED COMPENSATION FOR ETS'S CEO AND OFFICERS EVALUATING THE REASONABLENESS OF THE COMPENSATION, AS DEFINED BY THE IRS INTERMEDIATE SANCTION RULES THE REPORT ASSESSES THE RELEVANT LABOR MARKET FOR OFFICER ROLES USING NATIONAL DATA FROM COMPARABLE ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY THEN, CONSISTENT WITH THE COMPOSITION OF THE LABOR MARKETS IN WHICH ETS COMPETES FOR EXECUTIVE TALENT, APPROPRIATE COMPARATIVE ANALYSES ARE DEVELOPED FROM BOTH NOT-FOR-PROFIT AND FOR-PROFIT DATA FINALLY, THE IECCO PREPARES A LETTER OF REASONABLENESS REGARDING THE ANALYSES OF OFFICER PAY CONSISTENT WITH GOVERNMENT GUIDELINES WHICH IS PRESENTED TO THE COMMITTEE ON GOVERNANCE AND HUMAN RESOURCES AND THE BOARD FOR REVIEW, COMMENT AND APPROVAL

Return Reference	Explanation
PART I, LINES 4A-B	LINE 4A FOUR OFFICERS, YVETTE DONADO, STEPHEN POTE, DIERDRE ROBINSON AND NANCY KERINS RECEIVED SEVERANCE PAYMENTS OF \$337,500, \$123,462, \$370,000 AND \$351,000 RESPECTIVELY, FROM THE ORGANIZATION IN 2018 LINE 4B OFFICERS AND OTHER EXECUTIVES PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN UNDER 457(F) THE NON-VESTED PORTION OF EACH OFFICER'S DEFERRED COMPENSATION IS REPORTED IN COLUMN C THE VESTED PORTION OF EACH OFFICER'S DEFERRED COMPENSATION IS REPORTED IN COLUMNS B & F IN 2018, NANCY KERINS RECEIVED A \$10,693 PAYMENT FROM THE 457(F) PLAN

Return Reference	Explanation
PART I, LINE 6	ETS INVESTMENT COMPENSATION PROGRAMS ARE VARIABLE CASH COMPENSATION PROGRAMS TO PROVIDE EMPLOYEES EARNINGS OPPORTUNITIES IN ADDITION TO BASE PAY. THESE VARIABLE COMPENSATION COMPONENTS RECOGNIZE AND REWARD BASED ON INDIVIDUAL AND ETS PERFORMANCE. PAYMENT UNDER THESE PROGRAMS ARE REALIZED WHEN ETS MEETS AND ACHIEVES ITS ANNUAL PERFORMANCE TARGETS FOR THE YEAR, AS DETERMINED BY A HOLISTIC ASSESSMENT OF METRICS FROM ETS'S BALANCED SCORECARD OBJECTIVES INCLUDING FINANCIAL, OPERATIONAL, CUSTOMER AND GROWTH GOALS.

Return Reference	Explanation
PART I, LINE 7	ETS INVESTMENT COMPENSATION PROGRAMS ARE VARIABLE CASH COMPENSATION PROGRAMS TO PROVIDE EMPLOYEES EARNINGS OPPORTUNITIES IN ADDITION TO BASE PAY. THESE VARIABLE COMPENSATION COMPONENTS RECOGNIZE AND REWARD BASED ON INDIVIDUAL AND ETS PERFORMANCE. PAYMENT UNDER THESE PROGRAMS ARE REALIZED WHEN ETS MEETS AND ACHIEVES ITS ANNUAL PERFORMANCE TARGETS FOR THE YEAR, AS DETERMINED BY A HOLISTIC ASSESSMENT OF METRICS FROM ETS'S BALANCED SCORECARD OBJECTIVES INCLUDING FINANCIAL, OPERATIONAL, CUSTOMER AND GROWTH GOALS.





Additional Data

Software ID:  
Software Version:  
EIN: 21-0634479  
Name: EDUCATIONAL TESTING SERVICE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MACDONALD WALTER B PRESIDENT	(i)	677,421	422,500	208,586	24,750	17,217	1,350,474	0
	(ii)	0	0	0	0	0	0	0
BAILEY DIANE A SVP, PRODUCTION & DELIVERY	(i)	299,113	193,213	44,372	40,122	16,332	593,152	0
	(ii)	0	0	0	0	0	0	0
BASEHORE JOHN VP & TREASURER	(i)	213,475	130,250	65,052	32,154	19,148	460,079	0
	(ii)	0	0	0	0	0	0	0
DONADO YVETTE SVP & CHIEF ADMIN OFFICER	(i)	54,193	80,813	373,917	7,385	4,799	521,107	0
	(ii)	0	0	0	0	0	0	0
DRAPER JR WILLIAM C VP & COO COLLEGE BOARD	(i)	240,302	139,125	49,921	33,338	2,650	465,336	0
	(ii)	0	0	0	0	0	0	0
ERCIKAN-ALPER KADRIYE VP STAT ANALYSIS & PSYCH RSRCH	(i)	202,792	125,000	50,957	29,150	25,057	432,956	0
	(ii)	0	0	0	0	0	0	0
FARNUM MARISA VP-ASSESSMENT DEVELOPMENT	(i)	204,719	112,500	56,849	20,769	17,440	412,277	0
	(ii)	0	0	0	0	0	0	0
FREDDO MICHAEL J VP & CONTROLLER	(i)	200,891	135,438	103,164	20,736	17,517	477,746	0
	(ii)	0	0	0	0	0	0	0
GILBERTSON BRUCE M VP FACILITIES & REAL ESTATE	(i)	212,033	125,250	61,576	19,939	0	418,798	75,130
	(ii)	0	0	0	0	0	0	0
GORIN JOANNA VP RESEARCH	(i)	226,392	135,713	110,317	32,552	18,048	523,022	0
	(ii)	0	0	0	0	0	0	0
HAYON JACK SVP & CHIEF FINANCIAL OFFICER	(i)	355,015	280,525	132,742	24,750	25,322	818,354	0
	(ii)	0	0	0	0	0	0	0
HERNANDEZ SANDRA VP-FINANCE	(i)	230,778	142,313	41,656	23,633	16,717	455,097	0
	(ii)	0	0	0	0	0	0	0
HOBSON DAVID VP & CORPORATE SECRETARY	(i)	196,773	132,000	84,373	19,149	16,812	449,107	0
	(ii)	0	0	0	0	0	0	0
HUNT DAVID EXECUTIVE VP & COO	(i)	378,557	318,750	57,061	52,741	26,590	833,699	0
	(ii)	0	0	0	0	0	0	0
JOHNSON-GREGORY SHEREE L VP ASSOC GENERAL COUNSEL & CDO	(i)	260,040	134,875	70,190	23,157	23,691	511,953	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE IDA M SR VP-RESEARCH & DEVELOPMENT	(i)	312,110	178,375	72,940	23,581	18,224	605,230	0
	(ii)	0	0	0	0	0	0	0
LESTER SARA VP HUMAN RESOURCES & LEARNING	(i)	200,572	6,337	41,000	28,770	3,400	280,079	0
	(ii)	0	0	0	0	0	0	0
NELSON SCOTT F SVP & CHIEF MARKETING OFFICER	(i)	286,425	183,013	49,116	43,775	25,057	587,386	0
	(ii)	0	0	0	0	0	0	0
NETTLES MICHAEL T SVP-CTR POLICY EVAL & RSRCH	(i)	264,838	156,125	66,277	22,255	26,087	535,582	0
	(ii)	0	0	0	0	0	0	0
OSWALD JOHN VP CLIENT RELATIONS & OUTREACH	(i)	276,281	101,588	25,363	24,750	16,548	444,530	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAYNE DAVID G VP & COO GLOBAL EDUCATION	(i)	263,501	154,750	79,575	22,279	24,803	544,908	0
	(ii)	0	0	0	0	0	0	0
PFUND REBECCA CHIEF INFORMATION OFFICER	(i)	253,410	192,500	42,399	38,008	24,996	551,313	0
	(ii)	0	0	0	0	0	0	0
POTE STEPHEN K VP CHIEF QUALITY OFFICER	(i)	119,498	118,013	317,564	12,466	7,711	575,252	78,880
	(ii)	0	0	0	0	0	0	0
ROBINSON DIERDRE VP & CLO SWS	(i)	8,550	0	425,546	831	369	435,296	0
	(ii)	0	0	0	0	0	0	0
ROCKEY ANNE F VP - OPERATIONS	(i)	245,113	127,250	10,946	33,584	16,592	433,485	0
	(ii)	0	0	0	0	0	0	0
SCHROEDER GLENN C SVP & GENERAL COUNSEL	(i)	344,235	240,175	99,576	24,641	17,532	726,159	0
	(ii)	0	0	0	0	0	0	0
WAKEMAN DANIEL VP & CHIEF INFORMATION OFFICER	(i)	207,798	110,000	128,431	20,257	25,889	492,375	81,269
	(ii)	0	0	0	0	0	0	0
WEAVER SCOTT V VP CHIEF STRATEGY OFFICER	(i)	264,079	161,013	82,573	37,468	26,480	571,613	0
	(ii)	0	0	0	0	0	0	0
WILLIAMSON DAVID VP NEW PRODUCT DEVELOPMENT	(i)	209,257	127,188	20,903	29,152	23,940	410,440	0
	(ii)	0	0	0	0	0	0	0
HUDE TRACY VP - FINANCE (AS OF 09/14/19)	(i)	197,078	67,208	24,978	26,928	1,608	317,800	0
	(ii)	0	0	0	0	0	0	0
BENNETT RANDY E FREDERIKSEN CHAIR ASSESSMENT	(i)	308,749	33,781	28,867	23,771	8,864	404,032	0
	(ii)	0	0	0	0	0	0	0
CHAN PETER GNRL MGR, APPLICATION DEVELOP	(i)	230,629	66,342	45,089	31,428	25,057	398,545	0
	(ii)	0	0	0	0	0	0	0
KIRSCH IRWIN TYLER CHAIR LG SCALE ASSESSMEN	(i)	275,596	77,058	28,425	22,505	17,764	421,348	0
	(ii)	0	0	0	0	0	0	0
MCHALE FREDERICK GENERAL MANAGER, STAT ANALYSIS	(i)	241,502	61,876	18,758	22,119	16,332	360,587	0
	(ii)	0	0	0	0	0	0	0
PATANELLARICHARD J CHIEF FINANCIAL ADVISOR	(i)	211,486	33,000	96,725	20,868	18,982	381,061	0
	(ii)	0	0	0	0	0	0	0
VALDES GUADALUPE FORMER TRUSTEE	(i)	11,750	0	0	0	0	11,750	0
	(ii)	0	0	0	0	0	0	0
WINCKLER GEORG FORMER TRUSTEE	(i)	26,000	0	0	0	0	26,000	0
	(ii)	0	0	0	0	0	0	0
ELLIOTT THOMAS J FORMER VP & CLO SWS	(i)	113,284	4,073	14,886	12,217	25,825	170,285	0
	(ii)	0	0	0	0	0	0	0
KERINS NANCY J FORMER SVP-PROD & DELIVERY	(i)	0	0	356,956	0	0	356,956	0
	(ii)	0	0	0	0	0	0	0
LAZER STEPHEN FORMER VP-STUD & TEACH ASSESS	(i)	0	261,563	0	0	0	261,563	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MAZZEO JOHN FORMER VP STAT ANALYSIS & PSYCH	(i)	257,654	22,100	26,342	22,116	0	328,212	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
EDUCATIONAL TESTING SERVICE

Employer identification number  
21-0634479

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TERESA M SANCHEZ-LAZER	FAMILY MEMBER OF STEPHEN LAZER, FORMER OFFICER	206,099	SALARY AND BENEFITS		No
(2) IRENE ELLIOTT	FAMILY MEMBER OF THOMAS J ELLIOTT, FORMER OFFICER	87,192	SALARY AND BENEFITS		No
(3) RAYMOND GREGORY	FAMILY MEMBER OF SHEREE L JOHNSON-GREGORY, OFFICER	49,708	SALARY AND BENEFITS		No
(4) RICHARD HUDE	FAMILY MEMBER OF TRACY HUDE, OFFICER	103,399	SALARY AND BENEFITS		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
EDUCATIONAL TESTING SERVICE

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

21-0634479

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ALL TRUSTEES RECEIVE A COPY OF FORM 990 FOR REVIEW AND INFORMATION PRIOR TO BOARD OF TRUSTEES MEETING FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEES' AUDIT COMMITTEE AND THE FULL BOARD OF TRUSTEES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE TRUSTEES OF EDUCATIONAL TESTING SERVICE, INDIVIDUALLY AND COLLECTIVELY, ARE EXPECTED TO ACT IN ACCORDANCE WITH THE HIGHEST STANDARDS OF ETHICAL BEHAVIOR. ANNUALLY, THE AUDIT COMMITTEE REVIEWS THE ETS CODE OF ETHICS FOR MEMBERS OF THE BOARD OF TRUSTEES. SUBSEQUENTLY, EACH TRUSTEE RECEIVES A COPY OF THE CODE OF ETHICS AND SIGNS A STATEMENT AGREEING TO ABIDE BY THE CODE. THE CODE OF ETHICS STATES A CLEAR POLICY ON CONFLICTS OF INTEREST. ETS ALSO HAS A CONFLICT OF INTEREST POLICY THAT IS SUPPLIED TO THE BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES. THE TRUSTEES ANNUALLY COMPLETE A TRUSTEE DISCLOSURE STATEMENT AND A TRUSTEE AFFILIATION FORM. THE DISCLOSURE STATEMENT REQUESTS INFORMATION REGARDING WHETHER ANY TRUSTEE HAS MATERIAL FINANCIAL INTEREST TO WHICH ETS IS A PARTY. THE AFFILIATION FORM REQUESTS INFORMATION REGARDING THE TRUSTEE'S EMPLOYMENT AS A STAFF MEMBER OR AS A CONSULTANT OF ETS, AS WELL AS THEIR AFFILIATION WITH OTHER ORGANIZATIONS. THE CORPORATE SECRETARY REVIEWS THESE DISCLOSURES FOR POTENTIAL CONFLICTS OR THE POTENTIAL APPEARANCE OF A CONFLICT. SHOULD A SITUATION BE DISCLOSED THAT PRESENTS A POTENTIAL CONFLICT, THE CORPORATE SECRETARY WOULD SEEK RESOLUTION WITH THE INVOLVEMENT OF THE APPROPRIATE AUTHORITY SUCH AS THE AUDIT COMMITTEE OR THE ETS GENERAL COUNSEL AND CHIEF ETHICS OFFICER. INTRINSIC TO THE POLICY IS A TRUSTEE RECUSING THEMSELVES ON CERTAIN MATTERS OR RESIGNING FROM THE BOARD TO PREVENT A CONFLICT OF INTEREST OR AVOID AN APPEARANCE OF A CONFLICT OF INTEREST. FAILURE TO RESPOND TO THE ANNUAL DISCLOSURE PROCESS WOULD RESULT IN THE REQUISITE FOLLOW-UP BY THE CORPORATE SECRETARY. CANDIDATES FOR TRUSTEES RECEIVE GENERAL INFORMATION ON RELEVANT ETS POLICIES, SUCH AS THE CODE OF ETHICS AND CONFLICT OF INTEREST AND ARE REQUIRED TO COMPLETE THE AFFILIATIONS FORM PRIOR TO STANDING FOR ELECTION. TRUSTEES CAN OBTAIN ASSISTANCE WITH THE INTERPRETATION OR ADMINISTRATION OF THE CODE OF ETHICS CONFLICTS POLICY OR PROCEDURES FROM THE CORPORATE SECRETARY OR THE GENERAL COUNSEL AND CHIEF ETHICS OFFICER. TRUSTEES RECEIVE THE COMPLETE POLICY STATEMENTS UPON THEIR ELECTION. EDUCATIONAL TESTING SERVICE REQUIRES THAT EMPLOYEES, INCLUDING OFFICERS, WHO ARE UNCERTAIN WHETHER AN OUTSIDE ACTIVITY COMES WITHIN THE SCOPE OF ETS'S CODE OF ETHICS OR CONFLICT OF INTEREST POLICY, DISCUSS THE MATTER WITH THEIR SUPERVISORS. EMPLOYEES WISHING TO ENGAGE IN OUTSIDE ACTIVITIES MUST SUBMIT AN OUTSIDE ACTIVITIES REPORT TO THEIR DIVISION VICE PRESIDENT FOR REVIEW AND APPROVAL PRIOR TO ENGAGING IN THE ACTIVITY. EMPLOYEES MUST SUBMIT AN AMENDED REPORT WHENEVER THE ACTIVITY CHANGES. THE REPORT IS REVIEWED AND THE EMPLOYEE IS INFORMED WHETHER THE REQUEST IS APPROVED. THE EMPLOYEE'S DIVISION VICE PRESIDENT AND THE VICE PRESIDENT OF HUMAN RESOURCES (HR) RECEIVE A COPY OF ALL SUCH REPORTS REGARDLESS OF WHETHER THE REQUEST IS APPROVED. ANY SITUATION INVOLVING A POTENTIAL CONFLICT OF INTEREST MUST BE REVIEWED BY HR TO VERIFY THAT NO CONFLICT EXISTS. ANY EMPLOYEE WHO ACQUI</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>RES INFORMATION THAT GIVES THE EMPLOYEE REASON TO BELIEVE THAT ANY EMPLOYEE, OFFICER OR TR USTEE IS ENGAGED IN CONDUCT THAT IS PROHIBITED BY ETS'S CODE OF ETHICS OR SUBJECT TO ETS'S CONFLICT OF INTEREST POLICY, OR THAT ANY SALES REPRESENTATIVE, DISTRIBUTOR OR OTHER PERSON OR FIRM REPRESENTING ETS IN ANY TRANSACTION IS ENGAGED IN THE TYPE OF CONDUCT (WHETHER OR NOT IN CONNECTION WITH A TRANSACTION INVOLVING ETS OR ITS PRODUCTS) WHICH, IF ENGAGED IN BY AN EMPLOYEE, WOULD VIOLATE THIS POLICY IS REQUIRED TO REPORT THIS INFORMATION IMMEDIATELY ALL COMPLAINTS REGARDING POTENTIAL CONFLICTS OF INTEREST ARE INVESTIGATED PROMPTLY, AND WHERE NECESSARY, IMMEDIATE AND APPROPRIATE ACTION IS TAKEN TO STOP AND REMEDY ANY SUCH CONDUCT ANY EMPLOYEE OR OFFICER, FOUND IN VIOLATION OF THIS POLICY WILL BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION, DEPENDING UPON THE SEVERITY OF THE VIOLATION THIS POLICY IS REVIEWED ON AN ANNUAL BASIS BY THE VICE PRESIDENT OF HUMAN RESOURCES ALL ETS EMPLOYEES RECEIVE A COPY OF THE CODE OF ETHICS ON AN ANNUAL BASIS THE ANNUAL REVIEW AND SIGNATURE INDICATING THEIR AGREEMENT TO COMPLY WITH THE POLICY IS MANDATORY AS PART OF EMPLOYMENT WITH ETS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ETS ENGAGES AN EXTERNAL INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT ORGANIZATION (IECCO) TO REVIEW AND ADVISE ON WORKER COMPENSATION LAWS FURTHER, THE IECCO PREPARES AN ANNUAL REPORT OF PROPOSED COMPENSATION FOR ETS'S CEO AND OFFICERS EVALUATING THE REASONABLENESS OF THE COMPENSATION, AS DEFINED BY THE IRS INTERMEDIATE SANCTION RULES THE REPORT ASSESSES THE RELEVANT LABOR MARKET FOR OFFICER ROLES USING NATIONAL DATA FROM COMPARABLE ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY THEN, CONSISTENT WITH THE COMPOSITION OF THE LABOR MARKETS IN WHICH ETS COMPETES FOR EXECUTIVE TALENT, APPROPRIATE COMPARATIVE ANALYSES ARE DEVELOPED FROM BOTH NOT-FOR-PROFIT AND FOR-PROFIT DATA FINALLY, THE IECCO PREPARES A LETTER OF REASONABLENESS REGARDING THE ANALYSES OF OFFICER PAY CONSISTENT WITH GOVERNMENT GUIDELINES WHICH IS PRESENTED TO THE COMMITTEE ON GOVERNANCE AND HUMAN RESOURCES AND THE BOARD FOR REVIEW, COMMENT AND APPROVAL

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ETS DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TEST ADMIN AND CONSULTANTS PROGRAM SERVICE EXPENSES 365,149,190 MANAGEMENT AND GENERAL EXPENSES 32,201,271 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 397,350,461 SUBCONTRACTING COSTS PROGRAM SERVICE EXPENSES 156,784,685 MANAGEMENT AND GENERAL EXPENSES 10,924,107 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 167,708,792

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CUMULATIVE EFFECT OF PENSION ADJUSTMENT -9,069,549 ROUNDING 399 EQUITY IN EARNINGS REPORTED SEPARATELY -77,938,244 ADJUSTED PRIOR YEAR RECLASS TAX RETURN ONLY -847,901

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
EDUCATIONAL TESTING SERVICE

Employer identification number  
21-0634479

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ETS DIGITAL LLC ROSEDALE ROAD PRINCETON, NJ 08541	DORMANT/INACTIVE	DE	0	0	EDUCATIONAL TESTING SERVICE

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a Yes

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

s Other transfer of cash or property from related organization(s) . . . . .

1s Yes

**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 transaction thresholds  
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



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.

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 21-0634479  
**Name:** EDUCATIONAL TESTING SERVICE

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV STRAWINSKYLAAN 929 AMSTERDAM 1077 XX NL	EDUCATIONAL SERVICES	NL	EDUCATIONAL TESTING SERVICE	C	32,961,599	10,394,839	100 000 %	Yes	
(1) ETS EDUCATIONAL TESTING SERVICE CANADA INC 666 BURNARD STREET SUITE 1700 PAR VANCOUVER V6C 2X8 CA	EDUCATIONAL SERVICES	CA	EDUCATIONAL TESTING SERVICE	C	103	406,696	100 000 %	Yes	
(2) ETS ASSESSMENTS (BEIJING) LTD NO 3 DONGSANHUAN BEILU BLOCK B L BEIJING 100027 CH	EDUCATIONAL SERVICES	CH	EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	C	3,038,656	317,177	100 000 %	Yes	
(3) ETS EDUCATIONAL SERVICES (INDIA) PRIVATE LIMITED 12-2-417/A/15 JAYANAGAR COLONY HYDERABAD 500 082 IN	EDUCATIONAL SERVICES	IN	EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	C			100 000 %	Yes	
(4) EDUCATIONAL TESTING SERVICE INTERNATIONAL HOLDINGS LIMITED 25/28 NORTH WALL QUAY DUBLIN 1 EI	EDUCATIONAL SERVICES	EI	EDUCATIONAL TESTING SERVICE	C		9,119,000	100 000 %	Yes	
(5) EDUSOFT LTD 16 HAMELACHA ST NORTH INDUSTRIAL P ROSH HAAYIN 48091 IS	EDUCATIONAL SERVICES	IS	EDUCATIONAL TESTING SERVICE INTERNATIONAL HOLDINGS LIMITED	C	5,981,985	10,450,623	100 000 %	Yes	
(6) ETSQ HOLDINGS LLC 660 ROSEDALE ROAD PRINCETON, NJ 08541 81-5154354	HOLDING COMPANY	DE	EDUCATIONAL TESTING SERVICE	C		4,006,295	100 000 %	Yes	
(7) QUESTAR ASSESSMENTS INC 5550 UPPER 147TH STREET APPLE VALLEY, MN 55124 13-2846796	EDUCATIONAL SERVICES	MN	ETSQ HOLDINGS LLC	C	67,107,446	67,170,206	100 000 %	Yes	
(8) BEIJING QI SHI YU EDUCATIONAL TECHNOLOGY CO LTD RM 517 5TH FL BUILDING SOUTH C N BEIJING CN	EDUCATIONAL SERVICES	CH	EDUCATIONAL TESTING SERVICE INTERNATIONAL HOLDINGS LIMITED	C			100 000 %	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	A	6,760,186	FAIR MARKET VALUE
(1) EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	L	757,858	FAIR MARKET VALUE
(2) EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	S	7,037,800	CASH
(3) EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	M	7,527,729	FAIR MARKET VALUE
(4) ETS ASSESSMENTS (BEIJING) LTD	M	2,110,868	FAIR MARKET VALUE
(5) EDUSOFT LTD	L	109,790	FAIR MARKET VALUE
(6) EDUSOFT LTD	M	1,177,429	FAIR MARKET VALUE
(7) ETSQ HOLDINGS LLC	D	17,857,143	CASH
(8) QUESTAR ASSESSMENTS INC	L	1,972,333	FAIR MARKET VALUE
(9) QUESTAR ASSESSMENTS INC	Q	17,619	CASH
(10) QUESTAR ASSESSMENTS INC	D	6,000,000	CASH
(11) QUESTAR ASSESSMENTS INC	M	5,835,338	FAIR MARKET VALUE