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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
EDUCATIONAL TESTING SERVICE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
660 ROSEDALE ROAD MS 20-J

City or town, state or province, country, and ZIP or foreign postal code
PRINCETON, NJ 08541

D Employer identification number
21-0634479

E Telephone number
(609) 921-9000

G Gross receipts $ 1,578,695,916

F Name and address of principal officer:
JACK HAYON
660 ROSEDALE ROAD MS 20-J
PRINCETON, NJ 08541

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** WWW.ETS.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1947

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE P.2, PART III: QUESTION 1

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	35,106
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,059,159
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,888,044	4,572,369
	9	Program service revenue (Part VIII, line 2g)	944,976,526	969,524,994
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,826,337	86,054,455
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,185,428	81,949,648
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,027,876,335	1,142,101,466
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,093,684	1,245,144
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	424,165,541	375,162,431
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	672,985,104	718,068,171
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,098,244,329	1,094,475,746
	19	Revenue less expenses. Subtract line 18 from line 12	-70,367,994	47,625,720

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,873,205,474	2,046,445,267
	21	Total liabilities (Part X, line 26)	460,062,296	366,614,898
	22	Net assets or fund balances. Subtract line 21 from line 20	1,413,143,178	1,679,830,369

Part II Signature Block

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

Sign Here

Signature of officer | Date 2022-08-02

JACK HAYON SVP & CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-08-01		P00743140

Firm's name ▶ DELOITTE TAX LLP | Firm's EIN ▶ 86-1065772

Firm's address ▶ 2 JERICHO PLAZA
JERICHO, NY 11753 | Phone no. (516) 918-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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.VISIONTO BE THE LEADING ORGANIZATION IN THE WORLD AT PROVIDING THE BEST POSSIBLE ASSESSMENT AND LEARNING PRODUCTS AND SERVICES THAT HELP IMPROVE LIVES AT EVERY STAGE OF THE JOURNEY TO WHAT IS POSSIBLE.

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.

4a (Code:) (Expenses $ 786,618,698 including grants of $ 1,245,143) (Revenue $ 827,950,683)

See Additional Data

4b (Code:) (Expenses $ 131,168,035 including grants of $) (Revenue $ 141,574,311)

See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 917,786,733

Part IV Checklist of Required Schedules

	Question	Line	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	**2**	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	**5**		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	**6**		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	**8**		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	**9**		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	**10**		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	**11a**	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	**14b**	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	**17**		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

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 ☑

		Line	Amount	Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8,039			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	35,106			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	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)?			4a	Yes	
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).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	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.			15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

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

		Line	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — **1a** 21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent — **1b** 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

		Line	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CA , DE , IN , 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 VICE PRESIDENT AND CONTROLLER 660 ROSEDALE ROAD MS 20-J PRINCETON, NJ 08541 (609) 921-9000

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours 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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	16,225,634	0	1,815,212

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 ▶ 1,353

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such individual*	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?*If "Yes," complete Schedule J for such person*	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) Name and business address	(B) Description of services	(C) Compensation
ACCENTURE LLP 161 NORTH CLARK ST CHICAGO, IL 60601	SUPPLY CHAIN	62,872,651
PROMETRIC INC 1501 SOUTH CLINTON STREET BALTIMORE, MD 21224	TEST CENTER MANAGEMENT	38,154,872
CAMBIUM ASSESSMENT INC PO BOX 844549 BOSTON, MA 022844549	SUBCONTRACTOR UNDER CAASPP CONTRACT	37,314,067
COMPUTER SCIENCES CORPORATION 3180 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	COMPUTER SERVICES	34,184,095
PRICEWATERHOUSECOOPERS LLP 300 MADISON AVENUE NEW YORK, NY 10017	PROJECT MANAGEMENT	24,842,140

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 ▶ 240

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	3,960,018				
f All other contributions, gifts, grants, and similar amounts not included above	1f	612,351				
g Noncash contributions included in lines 1a - 1f:$	1g					
h **Total.** Add lines 1a-1f ▶			4,572,369			

Program Service Revenue

	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2a TEST DEVELOPMENT &SCOR	611710	827,950,683	827,950,683		
b TEST ADMIN & DELIVERY	611710	141,574,311	141,574,311		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. ▶		969,524,994			

Other Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 Investment income (including dividends, interest, and other similar amounts) ▶			4,928,404		51,620	4,876,784
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶			74,715,014			74,715,014
	(i) Real	(ii) Personal				
6a Gross rents 6a	227,095					
b Less: rental expenses 6b	0					
c Rental income or (loss) 6c	227,095					
d Net rental income or (loss) ▶			227,095			227,095
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory 7a	517,720,501					
b Less: cost or other basis and sales expenses 7b	436,594,450					
c Gain or (loss) 7c	81,126,051					
d Net gain or (loss) ▶			81,126,051			81,126,051
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						

Miscellaneous Revenue	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
11a OCCUPATIONAL & PROFESS	611600	5,746,946		5,746,946	
b CHAUNCEY CONFERENCE CE	721000	1,260,593		1,260,593	
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶		7,007,539			
12 **Total revenue.** See instructions ▶		1,142,101,466	969,524,994	7,059,159	160,944,944

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 . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,010,456	1,010,456		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	234,688	234,688		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,643,243	5,773,645	11,869,598	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	808,436		808,436	
7 Other salaries and wages	278,531,792	228,107,064	50,424,728	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	24,326,884	19,157,931	5,168,953	
9 Other employee benefits	33,433,568	26,329,636	7,103,932	
10 Payroll taxes	20,418,508	16,080,003	4,338,505	
11 Fees for services (non-employees):				
a Management				
b Legal	6,152,897	1,463,746	4,689,151	
c Accounting	4,184,650		4,184,650	
d Lobbying	58,959		58,959	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,314,816		4,314,816	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	480,245,687	420,583,832	59,661,855	
12 Advertising and promotion	21,327,274	21,338,357	-11,083	
13 Office expenses	122,381,999	116,922,038	5,459,961	
14 Information technology				
15 Royalties	1,598,195	1,598,195		
16 Occupancy	19,885,529	17,888,954	1,996,575	
17 Travel	259,529	212,642	46,887	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	900,286	753,097	147,189	
20 Interest	94,189		94,189	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,521,539	33,760,848	2,760,691	
23 Insurance	2,801,134		2,801,134	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	11,756,621	1,117,922	10,638,699	
b INCOME TAXES	3,357,759	3,357,759		
c CHAUNCEY CONFERENCE CEN	1,771,854	1,771,854		
d MEMBERSHIPS AND DUES	455,254	324,066	131,188	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,094,475,746	917,786,733	176,689,013	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

Section	Line	Description			(A) Beginning of year	Line	(B) End of year
Assets	1	Cash–non-interest-bearing			1,399,466	1	17,674,265
	2	Savings and temporary cash investments			133,544,491	2	70,570,000
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			104,067,467	4	126,595,741
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net			39,266,425	7	57,963,579
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			26,597,143	9	25,508,524
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	301,300,119			
	b	Less: accumulated depreciation	10b	205,553,899	102,524,482	10c	95,746,220
	11	Investments—publicly traded securities			155,398,972	11	163,503,726
	12	Investments—other securities. See Part IV, line 11			1,191,882,031	12	1,335,016,214
	13	Investments—program-related. See Part IV, line 11			7,785,969	13	0
	14	Intangible assets			95,219,722	14	105,899,024
	15	Other assets. See Part IV, line 11			15,519,306	15	47,967,974
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			1,873,205,474	16	2,046,445,267
Liabilities	17	Accounts payable and accrued expenses			178,688,955	17	205,144,583
	18	Grants payable				18	
	19	Deferred revenue			97,047,429	19	85,729,946
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			184,325,912	25	75,740,369
	26	**Total liabilities.** Add lines 17 through 25			460,062,296	26	366,614,898
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			1,413,143,178	27	1,679,830,369
	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			1,413,143,178	32	1,679,830,369
	33	Total liabilities and net assets/fund balances			1,873,205,474	33	2,046,445,267

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,142,101,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,094,475,746
3	Revenue less expenses. Subtract line 2 from line 1	3	47,625,720
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,413,143,178
5	Net unrealized gains (losses) on investments	5	190,252,125
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	750,629
9	Other changes in net assets or fund balances (explain in Schedule O)	9	28,058,717
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,679,830,369

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2020)

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 THE PRAXIS SERIES, TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL), GRADUATE RECORD EXAMINATION (GRE), AND TEST OF ENGLISH FOR INTERNATIONAL COMMUNICATION (TOEIC) TESTS, AND STATE SPECIFIC AND PRE-COLLEGE ASSESSMENTS.IN CONJUNCTION WITH ITS RESEARCH, ETS CONTINUES WORKING COLLABORATIVELY WITH THE NATIONAL CENTER FOR EDUCATION STATISTICS (NCES) 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.

Form 990, Part III, Line 4b:

ASSESSMENT ADMINISTRATION & DELIVERYETS PROVIDES TEST ADMINISTRATION AND DELIVERY SERVICES. ETS ADMINISTERS APPROXIMATELY 50 MILLION ASSESSMENTS ANNUALLY IN MORE THAN 9,000 LOCATION. 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. SINCE 2020 REMOTE TESTING SOLUTIONS HAVE BEEN INTRODUCED WHEREBY CANDIDATES CAN TAKE THE TEST AT HOME RATHER THAN IN A TEST CENTER. HUMAN PROCTORS MONITOR TEST TAKERS' ACTIVITY "REMOTELY" THROUGHOUT THE TEST TO ENSURE NO INDIVIDUAL GAINS AN UNFAIR ADVANTAGE. THESE AT HOME SOLUTIONS CONTINUE TO DEMAND SIGNIFICANT HUMAN INVOLVEMENT FROM THE U.S. BECAUSE THE DEVELOPMENT, SCORING AND PROCTORING OF THESE REMOTE TESTS ARE PERFORMED BY INDIVIDUALS LOCATED IN THE U.S.

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MACDONALD WALTER PRESIDENT	40.00 0.00	X		X				1,324,977	0	46,066
MICHELA ENGLISH TRUSTEE	2.00 0.00	X						81,375	0	0
JEFFREY SINE TRUSTEE	2.00 0.00	X						61,500	0	0
JAMES PELLEGRINO TRUSTEE	2.00 0.00	X						57,000	0	0
WADE HENDERSON TRUSTEE	2.00 0.00	X						54,000	0	0
BEVERLY DANIEL TATUM TRUSTEE	2.00 0.00	X						51,500	0	0
EARL LEWIS TRUSTEE	2.00 0.00	X						49,500	0	0
MARTHA KANTER TRUSTEE	2.00 0.00	X						47,000	0	0
KURT LANDGRAF TRUSTEE	2.00 0.00	X						43,000	0	0
DEBORAH QUAZZO TRUSTEE	2.00 0.00	X						41,000	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DARIENNE HUDSON TRUSTEE	2.00 0.00	X						40,000	0	0
DEBRA STEWART TRUSTEE	2.00 0.00	X						40,000	0	0
MILDRED GARCIA TRUSTEE	2.00 0.00	X						40,000	0	0
PATRICIA GANDARA TRUSTEE	2.00 0.00	X						40,000	0	0
WILHELM KRULL TRUSTEE	2.00 0.00	X						40,000	0	0
BARBARA JENKINS TRUSTEE	2.00 0.00	X						38,000	0	0
CANDACE THILLE TRUSTEE	2.00 0.00	X						38,000	0	0
KEVIN GUTHRIE TRUSTEE	2.00 0.00	X						38,000	0	0
ROBERT LUMPKINS END 10302020 TRUSTEE	2.00 0.00	X						37,333	0	0
YOUNGSUK CHI START 1121 TRUSTEE	1.00 0.00	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ANTONIA HERNANDEZ START 1121 TRUSTEE	1.00 0.00	X						0	0	0
MARIET WESTERMANN START 1121 TRUSTEE	1.00 0.00	X						0	0	0
HUNT DAVID EXECUTIVE VP & COO	40.00 0.00			X				980,675	0	50,281
HAYON JACK SVP & CHIEF FINANCIAL OFFICER	40.00 0.00			X				696,955	0	45,683
LAWRENCE IDA SR VP-RESEARCH & DEVELOPMENT	40.00 0.00			X				614,925	0	45,041
SCHROEDER GLENN C SVP & GENERAL COUNSEL	40.00 0.00			X				613,998	0	45,090
NELSON SCOTT FORRESTER SVP & CHIEF MARKETING OFFICER	40.00 0.00			X				575,405	0	53,286
BAILEY DIANE SVP, PRODUCTION & DELIVERY	40.00 0.00			X				563,473	0	40,678
PFUND REBECCA SVP & CHIEF INFORMATION OFFICER	40.00 0.00			X				502,327	0	66,418
NETTLES MICHAEL T SVP-CTR POLICY EVAL & RSRCH	40.00 0.00			X				503,476	0	50,803

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
PAYNE DAVID G VP & COO GLOBAL EDUCATION	40.00 0.00			X				478,843	0	52,376
JOHNSON-GREGORY SHEREE L DEPUTY GENERAL COUNSEL & CDO	40.00 0.00			X				473,910	0	43,423
WEAVER SCOTT V VP CHIEF STRATEGY OFFICER	40.00 0.00			X				442,160	0	65,465
DRAPER JR WILLIAM C VP & COO COLLEGE BOARD	40.00 0.00			X				456,514	0	24,381
TAYLOR-SMITH RALPH VP CORPORATE DEVELOPMENT	40.00 0.00			X				413,653	0	51,500
LOWERY LILIAN M VP & COO STA K12 & TLC	40.00 0.00			X				425,672	0	32,384
LESTER SARA CHIEF HUMAN RESOURCE OFFICER	40.00 0.00			X				390,010	0	63,136
ERCIKAN-ALPER KADRIYE VP PSYCH, STAT & DATA SCIENCE	40.00 0.00			X				393,370	0	58,161
HOBSON DAVID VP & CORPORATE SECRETARY	40.00 0.00			X				402,690	0	37,907
GORIN JOANNA VP RESEARCH	40.00 0.00			X				381,070	0	53,517

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
FREDDO MICHAEL VP & CONTROLLER	40.00 0.00			X				386,608	0	42,820
BASEHORE JOHN VP & TREASURER	40.00 0.00			X				375,739	0	52,738
GILBERTSON BRUCE VP FACILITIES & REAL ESTATE	40.00 0.00			X				388,848	0	20,670
ROCKEY ANNE F VP - OPERATIONS	40.00 0.00			X				367,136	0	41,009
WILLIAMSON DAVID VP NEW PRODUCT DEVELOPMENT	40.00 0.00			X				361,000	0	43,883
ORANJE ANDREAS VP ASSESS & LEARNING TECH DEV	40.00 0.00			X				271,841	0	64,201
HUDE TRACY VP - FINANCE	40.00 0.00			X				249,491	0	31,351
PUNCHATZRACHELL K END 6122020 GENERAL MANAGER	40.00 0.00					X		378,348	0	204,454
SCHMIDTAMY END 9232020 SR. STRATEGIC ADVISOR R&D	40.00 0.00					X		316,973	0	197,645
MCHALEFREDERICK J END 5302020 SR. STRATEGIC ADVISOR R&D	40.00 0.00					X		379,136	0	77,792

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
CANODIANA W END 6232020 GM IT DOMAIN & CAPABILITIES	40.00 0.00					X		391,225	0	21,621
XIXIAOMING END 952020 EXECUTIVE DIRECTOR NPD	40.00 0.00					X		324,735	0	35,529
MAZZEO JOHN END 9302016 FORMER OFFICER	0.00 0.00						X	289,983	0	22,439
FARNUM MARISA END 1122019 FORMER OFFICER	0.00 0.00						X	273,260	0	33,464

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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* for instructions and the latest information.

OMB No. 1545-0047

2020

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 331/3% 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 331/3% 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? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2020**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . **15**

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	8,163,384	9,606,303	10,976,917	5,888,044	4,572,369	39,207,017
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,227,726,560	1,196,751,734	1,182,676,188	944,976,526	969,524,994	5,521,656,002
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	1,235,889,944	1,206,358,037	1,193,653,105	950,864,570	974,097,363	5,560,863,019
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.	525,817,956	552,234,747	528,126,041	413,370,549	454,220,920	2,473,770,213
c Add lines 7a and 7b. .	525,817,956	552,234,747	528,126,041	413,370,549	454,220,920	2,473,770,213
8 **Public support.** (Subtract line 7c from line 6.)						3,087,092,806

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .	1,235,889,944	1,206,358,037	1,193,653,105	950,864,570	974,097,363	5,560,863,019
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	138,342,221	137,763,402	84,093,054	61,971,237	79,598,926	501,768,840
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	138,342,221	137,763,402	84,093,054	61,971,237	79,598,926	501,768,840
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	1,374,232,165	1,344,121,439	1,277,746,159	1,012,835,807	1,053,696,289	6,062,631,859

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	50.920 %
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	51.390 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	8.280 %
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	8.540 %

19a **331/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in **Part VI***)	**5**	
6 Other distributions (*describe in **Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2020**	**(iii)** **Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in **Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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* for instructions and the latest information.

OMB No. 1545-0047

2020

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	Employer identification number
EDUCATIONAL TESTING SERVICE	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.

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	58,959	
c	Total lobbying expenditures (add lines 1a and 1b)	58,959	
d	Other exempt purpose expenditures	1,094,447,963	
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,094,506,922	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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.

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	49,960	31,005	47,287	58,959	187,211
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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."**

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

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 $58,959. THE TOTAL LOBBYING EXPENDITURES OF ETS WERE MINIMAL IN COMPARISON TO TOTAL REVENUES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

(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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	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 Term 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:

			Yes	No
	(i) Unrelated organizations	3a(i)		
	(ii) Related organizations	3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		1,197,618		1,197,618
b Buildings		196,955,237	121,260,805	75,694,432
c Leasehold improvements		25,880,617	19,687,041	6,193,576
d Equipment		77,266,647	64,606,053	12,660,594
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				95,746,220

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	41,087,670	F
(B) NON-PUBLICLY TRADED SECURITIES	1,293,928,544	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,335,016,214	

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)		
(10)		
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)	
(10)	
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	
(2) SHORT TERM DEBT	15,903,539
(3) INTERCOMPANY PAYABLE	-1,745
(4) LONG TERM DEBT	11,917,428
(5) OTHER LONG TERM LIABILITIES	47,921,147
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	75,740,369

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.

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

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.

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

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 F INANCIAL 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 ACCORD ANCE WITH THE US GAAP REQUIREMENTS, EDUCATIONAL TESTING SERVICE ADJUSTED ITS NET ASSETS FO R ITS UNCERTAIN TAX POSITIONS. IT IS REASONABLY POSSIBLE THAT THE BALANCE OF GROSS UNRECOG NIZED TAX BENEFITS MAY CHANGE WITHIN THE NEXT TWELVE MONTHS, DUE TO LAPSE OF APPLICABLE ST ATUTES OF LIMITATIONS OR CLOSURE OF AN EXAMINATION.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue 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* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EDUCATIONAL TESTING SERVICE

Employer identification number
21-0634479

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activites 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 the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	7,290			74,852,922
b Total from continuation sheets to Part I . . .	0	536			263,907,091
c **Totals** (add lines 3a and 3b)	0	7,826			338,760,013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) 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 . . . . ▶

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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	448	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	226,481
EAST ASIA AND THE PACIFIC	0	2,288	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	7,207,429

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	385	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	56,022,559
MIDDLE EAST AND NORTH AFRICA	0	1,114	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	1,723,383

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	403	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	4,421,065
RUSSIA AND NEIGHBORING STATES	0	404	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	383,998

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	529	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	559,378
SOUTH ASIA	0	1,719	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	4,308,629

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	536	PROGRAM SERVICES	ASSESSMENT ADMINISTRATION	957,134
NORTH AMERICA	0	0	INVESTMENTS		535,015

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	0	INVESTMENTS		39,485,074
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		222,929,868

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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 . . . . ▶ 49

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	14	123,290			
(2) TRENTON CENTRAL HIGH SCHOOL SCHOLARSHIP	15	111,398			
(2)					
(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 2021, 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 GRANTEES 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 GRANTEES 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
AMERICAN ASSOCIATION OF HISPANICS IN HIGHER EDUCATION 2598 E SUNRISE BLVD SUITE 2104 FORT LAUDERDALE, FL 33304	30-0150324	501(C)(3)	25,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
ASIAN AND PACIFIC ISLANDER AMERICAN SCHOLARSHIP FUND 2025 M STREET NW SUITE 610 WASHINGTON, DC 20036	57-1192973	501(C)(3)	67,150				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
ASSOCIATION OF AMERICAN COLLEGES & UNIVERSITIES (AAC&U) PO BOX 745732 ATLANTA, GA 30374	52-1945674	501(C)(3)	80,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
AUSTIN AREA URBAN LEAGUE INC 8011 CAMERON ROAD SUITE A-100 AUSTIN, TX 78754	74-1890518	501(C)(3)	5,000				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 AND GIRLS CLUB OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	21-0634556	501(C)(3)	10,246				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
CHILDREN'S DEFENSE FUND 25 E STREET NW WASHINGTON, DC 20001	52-0895622	501(C)(3)	10,000				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
COMMUNITIES IN SCHOOLS OF SAN ANTONIO 1616 E COMMERCE BLDG 1 SAN ANTONIO, TX 78205	74-2393714	501(C)(3)	5,212				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
COMMUNITY FOOD BANK OF NJ INC 31 EVANS TERMINAL HILLSIDE, NJ 07205	22-2423882	501(C)(3)	5,000				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
COUNCIL OF CHIEF STATE SCHOOL OFFICERS ONE MASSACHUSSETTS AVE NW SUITE 700 WASHINGTON, DC 20001	53-0198090	501(C)(3)	17,500				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
COURT APPOINTED SPECIAL ADVOCATES OF MERCER INC 1450 PARKSIDE AVENUE SUITE 22 EWING, NJ 08638	22-3770968	501(C)(3)	15,000				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
EDUCATION LAW CENTER INC 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2104555	501(C)(3)	15,100				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
EL DORADO COMMUNITY FOUNDATION 312 MAIN STREET STE 201 PLACERVILLE, CA 95677	68-0255556	501(C)(3)	5,000				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
EVERY CHILD VALUED 175 JOHNSON AVE LAWRENCEVILLE, NJ 08648	26-4654078	501(C)(3)	20,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
EWING PUBLIC EDUCATION FOUNDATION INC PO BOX 7033 EWING, NJ 08628	22-3347353	501(C)(3)	45,000				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
FOUNDATION OF MORRIS HALLST LAWRENCE REHABILITATION CENTER 2381 LAWRENCE ROAD LAWRENCE, NJ 08648	52-2250044	501(C)(3)	15,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
GLOUCESTER TOWNSHIP BOARD OF EDUCATION 17 ERIAL ROAD BLACKWOOD, NJ 08012	21-6000135	501(C)(3)	38,824				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
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	20-8075412	501(C)(3)	5,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
HISPA INC PO BOX 702 PRINCETON, NJ 08542	52-1825305	501(C)(3)	65,210				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
HOMEFRONT INC 1880 PRINCETON TRENTON, NJ 08648	22-3165145	501(C)(3)	5,000				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				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 INC 999 LOWER FERRY ROAD EWING, NJ 08628	22-3438541	501(C)(3)	5,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
LAWRENCE TOWNSHIP COMMUNITY FOUNDATION 3625 QUAKERBRIDGE ROAD HAMILTON, NJ 08619	22-3835387	501(C)(3)	7,500				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)	92,223				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
LAWRENCEVILLE FIRE COMPANY INC 64 PHILLIPS AVE LAWRENCEVILLE, NJ 08648	23-7330548	501(C)(3)	5,000				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
LIFE PIECES TO MASTERPIECES INC 5600 EADS STREET NW 4TH FLOOR WASHINGTON, DC 20019	52-2076894	501(C)(3)	40,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
MERCER COUNTY COMMUNITY COLLEGE 1200 OLD TRENTON ROAD TRENTON, NJ 08550	22-2133029	501(C)(3)		8,500	FMV	YAMAHA GRAND PIANO	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 FOUND 1200 OLD TRENTON ROAD TRENTON, NJ 08550	22-2133029	501(C)(3)	20,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
NAMI MERCER NJ INC 3803 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	43-1201653	501(C)(3)	5,000				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
NORTH VALLEY COMMUNITY FOUNDATION 1811 CONCORD AVE SUITE 220 CHICO, CA 95928	68-0161455	501(C)(3)	5,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
OPPORTUNITY JUNCTION INC 3102 DELTA FAIR BLVD ANTIOCH, CA 94509	68-0459131	501(C)(3)	20,202				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
PARENTS STEP AHEAD INC 2102 EMPIRE CENTRAL DALLAS, TX 75235	26-2477378	501(C)(3)	25,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
PRINCETON ADULT SCHOOL PO BOX 701 PRINCETON, NJ 08542	22-1924079	501(C)(3)	5,000				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 MERCER REGIONAL CHAMBER OF COMMERCE 182 NASSAU STREET SUITE 301 PRINCETON, NJ 08542	21-0722138	501(C)(3)	13,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
PROSPECT HEIGHTS VOLUNTEER FIRE CO #1 182 NASSAU STREET SUITE 301 PRINCETON, NJ 08542	21-0722138	501(C)(3)	5,000				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
REFUGEE SERVICES OF TEXAS 500 EAST ST JOHN AVE STE 1280 AUSTIN, TX 78752	75-1618251	501(C)(3)		5,600	FMV	COMPUTER EQUIPMENT	SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
SAN ANTONIO FOOD BANK 5200 ENRIQUE M BARRERA PKWY SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	5,000				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
SAN ANTONIO METROPOLITAN MINISTRY INC 1919 NW LOOP 410 SUITE 100 SAN ANTONIO, TX 78213	74-2285793	501(C)(3)	5,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
SHILOH COMMUNITY DEVELOPMENT CORP 416 BELLEVUE AVE SUITE 407 TRENTON, NJ 08618	12-3799161	501(C)(3)	10,000				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 ALGEBRA PROJECT INC 99 BISHOP RICHARD ALLEN DRIVE CAMBRIDGE, MA 02139	22-3137788	501(C)(3)	10,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
THE NATIONAL NETWORK OF STATE TEACHERS 1525 WILSON BLVD SUITE 710 ARLINGTON, VA 22209	48-1035353	501(C)(3)	70,000				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 SALVATION ARMY 575 EAST STATE STREET TRENTON, NJ 08609	13-5562351	501(C)(3)	5,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
THE YWCA PRINCETON INC 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0635056	501(C)(3)	12,724				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 AREA SOUP KITCHEN (TASK) PO BOX 872 TRENTON, NJ 08605	22-2392881	501(C)(3)	10,532				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
UIH FAMILY PARTNERS 1 WEST STATE STREET 5TH FLOOR TRENTON, NJ 08608	21-0635048	501(C)(3)	20,000				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
UNITED STATES FUNDS FOR UNICEF 125 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	13-1760110	501(C)(3)	25,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
UNITED WAY OF GREATER MERCER COUNTY 3150 BRUNSWICK PIKE SUITE 230 LAWRENCEVILLE, NJ 08648	21-0683073	501(C)(3)	30,000				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)	10,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS
YOUNG AUDIENCES OF NEW JERSEY INC 200 FORRESTAL ROAD PRINCETON, NJ 08540	23-7384991	501(C)(3)	25,000				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)	10,000				SUPPORT OF LOCAL COMMUNITY EDUCATIONAL PROGRAMS

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EDUCATIONAL TESTING SERVICE

Employer identification number
21-0634479

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☑ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	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 on Line 1a? . .	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation **(i)** Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable 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
See Additional Data Table								

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: EIGHTEEN OFFICERS RECEIVED THIS BENEFIT (RELATED TO FINANCIAL PLANNING) DURING 2020. IT WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: ONE OFFICER RECEIVED THIS BENEFIT DURING 2020. IT WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL.
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.
PART I, LINES 4A-B	LINE 4A: OFFICER, MARISA FARNUM RECEIVED A SEVERANCE PAYMENTS OF $262,750, FROM THE ORGANIZATION IN 2020. THE FOLLOWING HIGHEST COMPENSATED EMPLOYEES; DIANA CANO, FREDERICK MCHALE, RACHELL PUNCHATZ, AMY SCHMIDT, & XIAOMING XI RECEIVED SEVERANCE PAYMENTS OF $210,990, $264,355, $257,977, $142,185, & $171,256, RESPECTIVELY, FROM THE ORGANIZATION IN 2020. 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.
PART I, LINE 6	ETS INCENTIVE 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.
PART I, LINE 7	ETS INCENTIVE 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				
1 MACDONALD WALTER PRESIDENT	(i)	665,871	400,000	259,106	25,650	20,416	1,371,043	0
	(ii)	0	0	0	0	0	0	0
1 HUNT DAVID EXECUTIVE VP & COO	(i)	357,128	290,388	333,159	21,224	29,057	1,030,956	0
	(ii)	0	0	0	0	0	0	0
2 HAYON JACK SVP & CHIEF FINANCIAL OFFICER	(i)	337,640	273,975	85,340	25,650	20,033	742,638	0
	(ii)	0	0	0	0	0	0	0
3 LAWRENCE IDA SR VP-RESEARCH & DEVELOPMENT	(i)	296,068	243,750	75,107	24,625	20,416	659,966	0
	(ii)	0	0	0	0	0	0	0
4 SCHROEDER GLENN C SVP & GENERAL COUNSEL	(i)	329,203	233,100	51,695	25,650	19,440	659,088	0
	(ii)	0	0	0	0	0	0	0
5 NELSON SCOTT FORRESTER SVP & CHIEF MARKETING OFFICER	(i)	284,790	227,338	63,277	25,650	27,636	628,691	0
	(ii)	0	0	0	0	0	0	0
6 BAILEY DIANE SVP, PRODUCTION & DELIVERY	(i)	292,474	222,300	48,699	22,678	18,000	604,151	0
	(ii)	0	0	0	0	0	0	0
7 PUNCHATZRACHELL K END 6122020 GENERAL MANAGER	(i)	83,275	0	295,073	9,467	194,987	582,802	0
	(ii)	0	0	0	0	0	0	0
8 PFUND REBECCA SVP & CHIEF INFORMATION OFFICER	(i)	275,760	195,000	31,567	39,529	26,889	568,745	0
	(ii)	0	0	0	0	0	0	0
9 NETTLES MICHAEL T SVP-CTR POLICY EVAL & RSRCH	(i)	253,684	180,538	69,254	23,098	27,705	554,279	0
	(ii)	0	0	0	0	0	0	0
10 PAYNE DAVID G VP & COO GLOBAL EDUCATION	(i)	250,984	156,120	71,739	23,047	29,329	531,219	0
	(ii)	0	0	0	0	0	0	0
11 JOHNSON-GREGORY SHEREE L DEPUTY GENERAL COUNSEL & CDO	(i)	259,264	171,600	43,046	22,510	20,913	517,333	0
	(ii)	0	0	0	0	0	0	0
12 SCHMIDTAMY END 9232020 SR. STRATEGIC ADVISOR R&D	(i)	86,975	0	229,998	8,919	188,726	514,618	0
	(ii)	0	0	0	0	0	0	0
13 WEAVER SCOTT V VP CHIEF STRATEGY OFFICER	(i)	253,229	153,875	35,056	35,703	29,762	507,625	0
	(ii)	0	0	0	0	0	0	0
14 DRAPER JR WILLIAM C VP & COO COLLEGE BOARD	(i)	247,759	161,013	47,742	21,681	2,700	480,895	0
	(ii)	0	0	0	0	0	0	0
15 TAYLOR-SMITH RALPH VP CORPORATE DEVELOPMENT	(i)	280,998	87,500	45,155	42,552	8,948	465,153	0
	(ii)	0	0	0	0	0	0	0
16 LOWERY LILIAN M VP & COO STA K12 & TLC	(i)	212,470	154,000	59,202	23,436	8,948	458,056	0
	(ii)	0	0	0	0	0	0	0
17 MCHALEFREDERICK J END 5302020 SR. STRATEGIC ADVISOR R&D	(i)	97,007	0	282,129	9,312	68,480	456,928	0
	(ii)	0	0	0	0	0	0	0
18 LESTER SARA CHIEF HUMAN RESOURCE OFFICER	(i)	223,133	148,500	18,377	33,258	29,878	453,146	0
	(ii)	0	0	0	0	0	0	0
19 ERCIKAN-ALPER KADRIYE VP PSYCH, STAT & DATA SCIENCE	(i)	231,441	131,375	30,554	30,525	27,636	451,531	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)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
21HOBSON DAVID VP & CORPORATE SECRETARY	(i)	192,530	141,488	68,672	19,157	18,750	440,597	0
	(ii)	0	0	0	0	0	0	0
1GORIN JOANNA VP RESEARCH	(i)	228,697	129,750	22,623	33,601	19,916	434,587	0
	(ii)	0	0	0	0	0	0	0
2FREDDO MICHAEL VP & CONTROLLER	(i)	191,480	129,500	65,628	20,334	22,486	429,428	0
	(ii)	0	0	0	0	0	0	0
3BASEHORE JOHN VP & TREASURER	(i)	205,388	123,188	47,163	31,805	20,933	428,477	0
	(ii)	0	0	0	0	0	0	0
4 CANODIANA W END 6232020 GM IT DOMAIN & CAPABILITIES	(i)	156,378	0	234,847	10,106	11,515	412,846	0
	(ii)	0	0	0	0	0	0	0
5GILBERTSON BRUCE VP FACILITIES & REAL ESTATE	(i)	185,834	118,575	84,439	20,670	0	409,518	0
	(ii)	0	0	0	0	0	0	0
6ROCKEY ANNE F VP - OPERATIONS	(i)	240,353	107,100	19,683	22,841	18,168	408,145	0
	(ii)	0	0	0	0	0	0	0
7WILLIAMSON DAVID VP NEW PRODUCT DEVELOPMENT	(i)	203,563	133,788	23,649	29,063	14,820	404,883	0
	(ii)	0	0	0	0	0	0	0
8XIXIAOMING END 952020 EXECUTIVE DIRECTOR NPD	(i)	121,929	0	202,806	12,760	22,769	360,264	0
	(ii)	0	0	0	0	0	0	0
9ORANJE ANDREAS VP ASSESS & LEARNING TECH DEV	(i)	241,942	10,000	19,899	34,996	29,205	336,042	0
	(ii)	0	0	0	0	0	0	0
10 MAZZEO JOHN END 9302016 FORMER OFFICER	(i)	215,834	11,629	62,520	22,439	0	312,422	0
	(ii)	0	0	0	0	0	0	0
11 FARNUM MARISA END 1122019 FORMER OFFICER	(i)	0	10,510	262,750	0	33,464	306,724	0
	(ii)	0	0	0	0	0	0	0
12HUDE TRACY VP - FINANCE	(i)	200,426	0	49,065	29,743	1,608	280,842	0
	(ii)	0	0	0	0	0	0	0

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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* for instructions and the latest information.

OMB No. 1545-0047

2020

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 section 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 the 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) NAIM ALPER	FAMILY MEMBER OF KADRIYE ERCIKAN-ALPER, OFFICER	194,468	SALARY AND BENEFITS		No
(2) RAYMOND GREGORY	FAMILY MEMBER OF SHEREE L JOHNSON -GREGORY, OFFICER	56,264	SALARY AND BENEFITS		No
(3) RICHARD HUDE	FAMILY MEMBER OF TRACY HUDE, OFFICER	103,809	SALARY AND BENEFITS		No
(4) CARL KERI SR	FAMILY MEMBER OF THRERESA KERI, OFFICER	59,838	SALARY AND BENEFITS		No
(5) CARL J KERI	FAMILY MEMBER OF THRERESA KERI, OFFICER	91,709	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
Internal Revenue 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* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EDUCATIONAL TESTING SERVICE

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	THE TRUSTEES OF EDUCATIONAL TESTING SERVICE, INDIVIDUALLY AND COLLECTIVELY, ARE EXPECTED T O ACT IN ACCORDANCE WITH THE HIGHEST STANDARDS OF ETHICAL BEHAVIOR. ANNUALLY, THE AUDIT CO MMITTEE 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 ABID E 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 TRUSTE E AFFILIATION FORM. THE DISCLOSURE STATEMENT REQUESTS INFORMATION REGARDING WHETHER ANY TR USTEE HAS MATERIAL FINANCIAL INTEREST TO WHICH ETS IS A PARTY. THE AFFILIATION FORM REQUES TS INFORMATION REGARDING THE TRUSTEES EMPLOYMENT AS A STAFF MEMBER OR AS A CONSULTANT OF E TS, AS WELL AS THEIR AFFILIATION WITH OTHER ORGANIZATIONS. THE CORPORATE SECRETARY REVIEWS THESE DISCLOSURES FOR POTENTIAL CONFLICTS OR THE POTENTIAL APPEARANCE OF A CONFLICT. SHOU LD A SITUATION BE DISCLOSED THAT PRESENTS A POTENTIAL CONFLICT, THE CORPORATE SECRETARY WO ULD SEEK RESOLUTION WITH THE INVOLVEMENT OF THE APPROPRIATE AUTHORITY SUCH AS THE AUDIT CO MMITTEE 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 CO NFLICT 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 SE CRETARY. CANDIDATES FOR TRUSTEES RECEIVE GENERAL INFORMATION ON RELEVANT ETS POLICIES, SUC H AS THE CODE OF ETHICS AND CONFLICT OF INTEREST AND ARE REQUIRED TO COMPLETE THE AFFILIAT IONS FORM PRIOR TO STANDING FOR ELECTION. TRUSTEES CAN OBTAIN ASSISTANCE WITH THE INTERPRE TATION OR ADMINISTRATION OF THE CODE OF ETHICS CONFLICTS POLICY OR PROCEDURES FROM THE COR PORATE SECRETARY OR THE GENERAL COUNSEL AND CHIEF ETHICS OFFICER. TRUSTEES RECEIVE THE COM PLETE POLICY STATEMENTS UPON THEIR ELECTION. EDUCATIONAL TESTING SERVICE REQUIRES THAT EMP LOYEES, 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 THE IR SUPERVISORS. EMPLOYEES WISHING TO ENGAGE IN OUTSIDE ACTIVITIES MUST SUBMIT AN OUTSIDE A CTIVITIES REPORT TO THEIR DIVISION VICE PRESIDENT FOR REVIEW AND APPROVAL PRIOR TO ENGAGIN G 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 E MPLOYEE'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 INV OLVING A POTENTIAL CONFLICT OF INTEREST MUST BE REVIEWED BY HR TO VERIFY THAT NO CONFLICT EXISTS. ANY EMPLOYEE WHO ACQUI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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 PERSO N OR FIRM REPRESENTING ETS IN ANY TRANSACTION IS ENGAGED IN THE TYPE OF CONDUCT (WHETHER O R 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 IMMEDIAT ELY. ALL COMPLAINTS REGARDING POTENTIAL CONFLICTS OF INTEREST ARE INVESTIGATED PROMPTLY, A ND 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 DIS CIPLINARY ACTION, UP TO AND INCLUDING TERMINATION, DEPENDING UPON THE SEVERITY OF THE VIOL ATION. 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 RE VIEW AND SIGNATURE INDICATING THEIR AGREEMENT TO COMPLY WITH THE POLICY IS MANDATORY AS PA RT OF EMPLOYMENT WITH ETS.

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 & CONSULTANTS: PROGRAM SERVICE EXPENSES 255,599,373. MANAGEMENT AND GENERAL EXPENSES 51,493,496. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 307,092,869. SUBCONTRACTING COSTS: PROGRAM SERVICE EXPENSES 164,984,459. MANAGEMENT AND GENERAL EXPENSES 8,168,359. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 173,152,818.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CUMULATIVE EFFECT OF PENSION ADJUSTMENT 97,257,116. SUBSIDIARY EQUITY -68,977,360. ROUNDING -1,072. SUBPART F INCOME INCLUSION -219,967.

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* for instructions and the latest information.

OMB No. 1545-0047

2020

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 660 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
(1)INSTITUTE FOR STUDENT ACHIEVEMENT FOUNDATION 660 ROSEDALE ROAD 2ND FLOOR MS J, NJ 08541 86-2868464	EDUCATIONAL SERVICES	DE	501(C)(3)	LINE 10	EDUCATIONAL TESTING SERVICE	Yes	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

			Yes	No
	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 orgranization 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	Yes	
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		No
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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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**		**Yes**	**No**	

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
EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV STRAWINSKYLAAN 929 AMSTERDAM 1077 XX NL	EDUCATIONAL SERVICES	NL	EDUCATIONAL TESTING SERVICE	C	60,593,764	12,245,015	100.000 %		No
VERICANT INTERNATIONAL HOLDINGS LTD FLAT 3A TOWER 1 HKBU STAFF QUARTE HONG KONG 999077 HK	HOLDING COMPANY	HK	EDUCATIONAL TESTING SERVICE	C	59,385	401,088	100.000 %		No
ETS INDIA PRIVATE LIMITED B-4/158 S J ENCLAVE DELHI 110029 IN	EDUCATIONAL SERVICES	IN	EDUCATIONAL TESTING SERVICE JAPAN	C		3,607	100.000 %		No
ETS JAPAN TOURANT 88 BUILDING 4-7-24 KUDANM TOKYO 102-0074 JA	EDUCATIONAL SERVICES	JA	EDUCATIONAL TESTING SERVICE INTERNATIONAL BV	C	1,102,830	2,648,532	100.000 %		No
ETS INTERNATIONAL BV STRAWINSKYLAAN 929 AMSTERDAM 1077XX NL	HOLDING COMPANY	NL	EDUCATIONAL TESTING SERVICE	C	19,046	7,130,077	100.000 %		No
BEIJING QI SHI YU EDUCATIONAL TECHNOLOGY CO LTD ROOM 517 5TH FLOOR BUILDING SOUTH BEIJING, HAIDAN DISTRICT 10036 CH	EDUCATIONAL SERVICES	CH	EDUCATIONAL TESTING SERVICE INTERNATIONAL HOLDINGS LIMITED	C	1,725,000	789,000	100.000 %		No
VERICANT EDUCATION CONSULTING (BEIJING) LTD ROOM 10A BLOCK 1 TIMESON TOWER C BEIJING, CHAOYANG DISTRICT 100027 CH	EDUCATIONAL SERVICES	CH	VERICANT INTERNATIONAL HOLDINGS LIMITED	C	214,251	144,092	100.000 %		No
SHANGHAI YUPING EDUCATION TECHNOLOGY LTD ROOM 926 NO 525 OF TIBET MIDDLE R SHANGHAI, HUANPU DISTRICT CH	EDUCATIONAL SERVICES	CH	VERICANT EDUCATION CONSULTING (BEIJING) LTD	C	56,798	4,560	100.000 %		No
EDUSOFT LTD 16 HAMELACHA ST NORTH INDUSTRIAL P ROSH HAAYIN 48091 IS	EDUCATIONAL SERVICES	IS	EDUCATIONAL TESTING SERVICE INTERNATIONAL HOLDINGS LIMITED	C	5,938,293	10,966,895	100.000 %		No
EDUCATIONAL TESTING SERVICE INTERNATIONAL HOLDINGS LIMITED 25/28 NORTH WALL QUAY DUBLIN EI	EDUCATIONAL SERVICES	EI	EDUCATIONAL TESTING SERVICE	C		8,141,493	100.000 %		No
ETS EDUCATIONAL SERVICES (INDIA) PRIVATE LIMITED 12-2-417/A/15 JAYANAGAR COLONY HYDERABAD, TELANGANA 500 028 IN	EDUCATIONAL SERVICES	IN	EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	C			100.000 %		No
ETS ASSESSMENTS (BEIJING) LTD NO 3 DONGSANHUAN BEILU BLOCK B L BEIJING 100027 CH	EDUCATIONAL SERVICES	CH	EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	C	5,040,017	4,512,980	100.000 %		No
ETS EDUCATIONAL TESTING SERVICE CANADA INC 240 RICHMOND STREET W TORONTO, BC V6C 2X8 CA	EDUCATIONAL SERVICES	CA	EDUCATIONAL TESTING SERVICE	C	1,137,782	597,569	100.000 %		No
PIPPLET SAS 10 RUE DE PENTHIEVRE PARIS 75008 FR	EDUCATIONAL SERVICES	FR	EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	C	2,244,269	1,678,240	100.000 %		No
QUESTAR ASSESSMENTS INC 14720 ENERGY WAY APPLE VALLEY, MN 55124 13-2846796	EDUCATIONAL SERVICES	MN	ETSQ HOLDINGS LLC	C	27,138,663	11,987,835	100.000 %		No

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
EDAGREE INC 660 ROSEDALE ROAD 2ND FLOOR MS 20-J PRINCETON, NJ 08541 85-1158306	EDUCATIONAL SERVICES	DE	EDUCATIONAL TESTING SERVICE DOMESTIC HOLDINGS INC	C		482,000	100.000 %		No
EDUCATIONAL TESTING SERVICE DOMESTIC HOLDINGS INC 660 ROSEDALE ROAD 2ND FLOOR MS 20-J PRINCETON, NJ 08541 85-1151231	HOLDING COMPANY	DE	EDUCATIONAL TESTING SERVICE	C		7,254,746	100.000 %		No
ETSQ HOLDINGS LLC 660 ROSEDALE ROAD 2ND FLOOR MS 20-J PRINCETON, NJ 08541 81-5154354	HOLDING COMPANY	DE	EDUCATIONAL TESTING SERVICE DOMESTIC HOLDINGS INC	C		-43,271,151	100.000 %		No

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
EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	A	7,294,063	FMV
EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	L	465,056	FMV
EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	S	3,138,154	CASH
EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	M	9,972,192	FMV
EDUCATIONAL TESTING SERVICE (ETS) GLOBAL BV	D	6,000,000	CASH
EDUSOFT LTD	M	1,231,755	FMV
BEIJING QI SHI YU EDUCATIONAL TECHNOLOGY CO LTD	M	1,724,623	FMV
ETS EDUCATIONAL TESTING SERVICE CANADA INC	M	1,135,664	FMV
ETSQ HOLDINGS LLC	D	15,714,286	CASH
ETSQ HOLDINGS LLC	A	960,532	FMV
QUESTAR ASSESSMENTS INC	A	1,330,414	FMV
QUESTAR ASSESSMENTS INC	L	1,840,752	FMV
QUESTAR ASSESSMENTS INC	D	32,000,000	CASH
ETS INTERNATIONAL BV	D	2,782,500	CASH
ETS JAPAN	L	306,145	FMV
VERICANT EDUCATION CONSULTING (BEIJING) LTD	D	250,000	CASH
ETS INTERNATIONAL BV	B	4,470,000	CASH