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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 08-01-2020, and ending 07-31-2021

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

C Name of organization: COUNCIL FOR AID TO EDUCATION INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 1732 1ST AVENUE PMB 21535
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10128

D Employer identification number: 95-4570253
E Telephone number: (212) 661-5800
G Gross receipts \$ 3,741,702

F Name and address of principal officer:
INGMAR BERG
1732 1ST AVENUE PMB 21535
NEW YORK, NY 10128

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

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

J Website: WWW.CAE.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2007

M State of legal domicile: DE

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission, voting members, revenue, and expenses.

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: INGMAR BERG CFO
Date: 2022-01-20
Type or print name and title

SCHEDULE A Public Charity Status and Public Support (Form 990 or 990-EZ) 2020

Name of the organization: COUNCIL FOR THE... TIN: 95-4570253

Part I Reason for Public Charity Status: The organization is not a private foundation because it is:

- 11 If the organization's answer to any of the following questions is "Yes," then the organization is a public charity... 12a An agricultural research organization... 13 Is the organization a school... 14a Did the organization maintain an office... 15 Did the organization report power... 16 Did the organization report more than \$5,000 of gross income... 17 Did the organization report more than \$15,000 of gross income... 20a Did the organization report more than \$5,000 of grants or other assistance...

Table with 5 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed, (v) Amount of support. Includes a 'Total' row and a 'Page 4' indicator.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 22 Did the organization report more than \$5,000 of grants or other assistance... 23 Did the organization answer "Yes" to Part VII, Section A, line 3...

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

Table with 6 columns: (a) Did the organization invest any proceeds of tax-exempt bonds... (b) Did the organization invest any proceeds... (c) Total, (d) Total, (e) 2020, (f) Total. Includes a 'Total' row.

3	Has the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule A, Part IV without charge.						25b	No
4	Total. Add lines 1 through 3.							
5	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, or substantial contributor? If "Yes," complete Schedule L, Part IV.							No
27	Did the organization provide a grant in a prior year to any of the persons? If "Yes," complete Schedule L, Part IV.							No
6	Public support. See instructions.							
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):							
Section B. Total Support								
Calendar year (or fiscal year beginning in)		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total
7	Amount of Schedule A, Part IV						28a	Yes
8	Gross income from interest, dividends, payments of covered securities loans, rents, royalties and						28b	No
9	Income from unrelated business activities, whether or not the business is a separate entity						28c	No
29	Other income. Do not include gain or loss from the sale of capital assets (excluding crops, etc.)						29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation easements?						30	No
31	Total support. Add lines 7 through 10.							No
32	Gross receipts from related activities, etc. (see instructions)						12	
13	First year. 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.						32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.						33	No
Section C. Computation of Public Support Percentage								
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))						14	No
15	Public support percentage for 2019 Schedule A, Part II, line 14						15	
33a	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.						33a	No
33b	33 1/3% support test. 2019. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						33b	No
17a	10% facts and circumstances test. 2020. 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.						36	No
37	10% facts and circumstances test. 2019. 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.						37	No
38	10% facts and circumstances test. 2019. 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.						38	Yes
Part V. Statements Regarding Other IRS Filings and Tax Compliance								
18	Private foundation. If the organization did not check a box on line 13, 14a, 15a, 16a, 17a, or 17b, check this box and see instructions.							No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.						1a	Schedule A (Form 990 or 990-EZ) 2020
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 payments to vendors and reportable gaming (gambling) winnings to prize winners?						1c	Yes

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.)

Calendar year (or fiscal year beginning in)		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total
1a	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						2a	
2b	Gross receipts from admissions, sales of goods, and services performed, or facilities furnished in any activity that is related to the organization's exempt purpose or function						2b	Yes
3a	Did the organization file all required federal employment tax returns?						3a	No
3b	Did the organization have an interest in, or a signature or other authority over, a business account, securities account, or other financial account?						3b	No
4	Were revenues for the organization's benefit and either paid to or expended on its behalf						4a	No
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						5a	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						5b	No
5c	Did the organization file Form 8886-T?						5c	No
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
7a	Amounts included on lines 1, 2, and 3						7a	25,733,98
b	If "Yes," did the organization provide with every solicitation an express statement that such contributions or gifts were						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						7a	No

Effective Date of Filing: 12/31/2021 Objectid: 202240229349300214 - Submission: 2022-01-22 Form 990 (EZ) Total Support: 3,317,118 OMB No. 1545-0047		Form 990 (EZ) Total Support: 3,317,118 OMB No. 1545-0047					
Schedule of Contributors (Form 990-EZ)		Schedule of Contributors (Form 990-EZ)					
Section B: Total Support Enter the number of Forms 990-EZ filed during the year for the latest information year (e) 2020		Section B: Total Support Enter the number of Forms 990-EZ filed during the year for the latest information year (e) 2020					
9 Amounts from line 6		5,166,186	6,681,134	5,913,919	4,236,588	3,786,158	25,733,981
10 Section 501(c)(7) organizations. Enter the amount of contributions received from each of the following sources:		10a		10b		10c	
10a		10b		10c		10d	
10b		10c		10d		10e	
10c		10d		10e		10f	
10d		10e		10f		10g	
10e		10f		10g		10h	
10f		10g		10h		10i	
10g		10h		10i		10j	
10h		10i		10j		10k	
10i		10j		10k		10l	
10j		10k		10l		10m	
10k		10l		10m		10n	
10l		10m		10n		10o	
10m		10n		10o		10p	
10n		10o		10p		10q	
10o		10p		10q		10r	
10p		10q		10r		10s	
10q		10r		10s		10t	
10r		10s		10t		10u	
10s		10t		10u		10v	
10t		10u		10v		10w	
10u		10v		10w		10x	
10v		10w		10x		10y	
10w		10x		10y		10z	
10x		10y		10z		10aa	
10y		10z		10aa		10ab	
10z		10aa		10ab		10ac	
10aa		10ab		10ac		10ad	
10ab		10ac		10ad		10ae	
10ac		10ad		10ae		10af	
10ad		10ae		10af		10ag	
10ae		10af		10ag		10ah	
10af		10ag		10ah		10ai	
10ag		10ah		10ai		10aj	
10ah		10ai		10aj		10ak	
10ai		10aj		10ak		10al	
10aj		10ak		10al		10am	
10ak		10al		10am		10an	
10al		10am		10an		10ao	
10am		10an		10ao		10ap	
10an		10ao		10ap		10aq	
10ao		10ap		10aq		10ar	
10ap		10aq		10ar		10as	
10aq		10ar		10as		10at	
10ar		10as		10at		10au	
10as		10at		10au		10av	
10at		10au		10av		10aw	
10au		10av		10aw		10ax	
10av		10aw		10ax		10ay	
10aw		10ax		10ay		10az	
10ax		10ay		10az		10ba	
10ay		10az		10ba		10bb	
10az		10ba		10bb		10bc	
10ba		10bb		10bc		10bd	
10bb		10bc		10bd		10be	
10bc		10bd		10be		10bf	
10bd		10be		10bf		10bg	
10be		10bf		10bg		10bh	
10bf		10bg		10bh		10bi	
10bg		10bh		10bi		10bj	
10bh		10bi		10bj		10bk	
10bi		10bj		10bk		10bl	
10bj		10bk		10bl		10bm	
10bk		10bl		10bm		10bn	
10bl		10bm		10bn		10bo	
10bm		10bn		10bo		10bp	
10bn		10bo		10bp		10bq	
10bo		10bp		10bq		10br	
10bp		10bq		10br		10bs	
10bq		10br		10bs		10bt	
10br		10bs		10bt		10bu	
10bs		10bt		10bu		10bv	
10bt		10bu		10bv		10bw	
10bu		10bv		10bw		10bx	
10bv		10bw		10bx		10by	
10bw		10bx		10by		10bz	
10bx		10by		10bz		10ca	
10by		10bz		10ca		10cb	
10bz		10ca		10cb		10cc	
10ca		10cb		10cc		10cd	
10cb		10cc		10cd		10ce	
10cc		10cd		10ce		10cf	
10cd		10ce		10cf		10cg	
10ce		10cf		10cg		10ch	
10cf		10cg		10ch		10ci	
10cg		10ch		10ci		10cj	
10ch		10ci		10cj		10ck	
10ci		10cj		10ck		10cl	
10cj		10ck		10cl		10cm	
10ck		10cl		10cm		10cn	
10cl		10cm		10cn		10co	
10cm		10cn		10co		10cp	
10cn		10co		10cp		10cq	
10co		10cp		10cq		10cr	
10cp		10cq		10cr		10cs	
10cq		10cr		10cs		10ct	
10cr		10cs		10ct		10cu	
10cs		10ct		10cu		10cv	
10ct		10cu		10cv		10cw	
10cu		10cv		10cw		10cx	
10cv		10cw		10cx		10cy	
10cw		10cx		10cy		10cz	
10cx		10cy		10cz		10da	
10cy		10cz		10da		10db	
10cz		10da		10db		10dc	
10da		10db		10dc		10dd	
10db		10dc		10dd		10de	
10dc		10dd		10de		10df	
10dd		10de		10df		10dg	
10de		10df		10dg		10dh	
10df		10dg		10dh		10di	
10dg		10dh		10di		10dj	
10dh		10di		10dj		10dk	
10di		10dj		10dk		10dl	
10dj		10dk		10dl		10dm	
10dk		10dl		10dm		10dn	
10dl		10dm		10dn		10do	
10dm		10dn		10do		10dp	
10dn		10do		10dp		10dq	
10do		10dp		10dq		10dr	
10dp		10dq		10dr		10ds	
10dq		10dr		10ds		10dt	
10dr		10ds		10dt		10du	
10ds		10dt		10du		10dv	
10dt		10du		10dv		10dw	
10du		10dv		10dw		10dx	
10dv		10dw		10dx		10dy	
10dw		10dx		10dy		10dz	
10dx		10dy		10dz		10ea	
10dy		10dz		10ea		10eb	
10dz		10ea		10eb		10ec	
10ea		10eb		10ec		10ed	
10eb		10ec		10ed		10ee	
10ec		10ed		10ee		10ef	
10ed		10ee		10ef		10eg	
10ee		10ef		10eg		10eh	
10ef		10eg		10eh		10ei	
10eg		10eh		10ei		10ej	
10eh		10ei		10ej		10ek	
10ei		10ej		10ek		10el	
10ej		10ek		10el		10em	
10ek		10					

Substitutions only. Was the substitution the result of an event beyond the organization's control? **Payroll**

6 a The governing body provide support (whether in the form of grants or the provision of services) **RESTRICTED** anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of the supported organizations, or (iii) individuals that also support or benefit one or more of the supported organizations? **Noncash**

9 Were any officers, directors, trustees, or key employees 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. **6**

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined as a substantial contributor) if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)? **(d)**

Section B. Policies (This section asks for information about policies not of general public interest.)

8 a Did the organization have local chapters, branches, or affiliates (not described in line 7)? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). **Person**

8 b 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? **Payroll**

9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons? **Noncash**

11 a Has the organization adopted a comprehensive whistleblower policy? If "Yes," provide detail in Part VI. **11 a**

12 a Describe in Schedule O the process, if any, used by the organization to review this Form 990 of more disqualified persons (as defined by the regulations) that hold a controlling interest in any entity in which the organization has a financial interest. **(d)**

12 b Were a significant person or trustee and a key employee required to disclose annually to the supporting organization also had an interest? If "Yes," provide detail in Part VI. **Person**

10 a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe the policy in Part VI. **Payroll**

13 Does the organization have a written whistleblower policy? **Noncash**

14 Did the organization have a written document retention and destruction policy? **13**

15 The organization had a process for determining compensation for the following persons include a review and approval by independent persons, comparability data, and Name, address, and ZIP code of the deliberation. **(b)**

a The organization's CEO, Executive Director, or top management official **Person**

b Other officers or key employees of the organization **15 b**

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **Payroll**

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **Noncash**

Part IV. Supporting Organizations (continued)

11 Has the organization entered into 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? **(d)** Yes No

17 Has the organization accepted a gift of contribution from any of the following persons? **Person**

Section C. Disclosure

17 Did the organization or indirectly controls, either alone or together with persons described in lines 11b and 11c, list the states with which a supported organization? **Payroll**

18 A family member of a person described in 11a above? **Noncash**

c Any avoidable conflict of interest? **11 c**

Section D. Type II Supporting Organizations

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. **(c)**

20 Did the officers, directors, trustees, or members of one or more supported organizations have power to regularly appoint or elect at least 50% of the organization's directors or trustees at all times during the tax year? **Person**

21 Describe in Part VI how the supporting 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 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. **Payroll**

22 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 support benefited the supported organization(s). **Noncash**

Part V. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section C. Type II Supporting Organizations

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

1 Complete this table for all persons required to be listed. Report compensation for also a calendar year ending with or within the year of the organization's supported organization(s). If "No," describe in Part VI how control or management of the organization's current officers, directors, trustees, or key employees was provided by the supported organization(s). **1**

Section D. All-Type III Supporting Organizations

Part II. Noncash Property

1 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, any noncash property from the organization or a supported organization during the year. **3**

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to directly or indirectly provide support to the supported organization. **1**

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

Part IV Escrow and Custodial Arrangements

Table with 10 columns and 10 rows for Part IV, including items like Public exhibition, research activity, and administrative expenses.

Part V Endowment Funds

Table with 10 columns and 10 rows for Part V, including sections for Distribution Allocations and Excess Distributions.

Part VI Land, Buildings, and Equipment

Table with 10 columns and 10 rows for Part VI, including sections for Depreciation and Endowment Funds.

Part VII Investments, Other Securities

Table with 10 columns and 10 rows for Part VII, including sections for Investments and Other Securities.

Part VIII Supplemental Information

Table with 10 columns and 10 rows for Part VIII, including sections for Supplemental Information and Investments.

Part IX Other Information

Table with 10 columns and 10 rows for Part IX, including sections for Other Information and Investments.

SCHEDULE F Form 990 Statement of Activities Outside the United States 2020

Additional Data: Department of the Treasury, Revenue Service, Name of the organization: EDUCATION INC, Software ID: 611710, Software Version: 611710, Employer identification number: 95-4570253

Part I General Information on Activities Outside the United States

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 grant investments Program Related. Describe in Part IV the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Total. Add lines 2a-2i. (a) Region (b) Number of employees, grants, and independent contractors in the region (c) Number of activities conducted in the region (d) Activities conducted in the region (e) If activity listed in (d) is a specific type of service(s) in the region (f) Total expenditures for investments in the region (g) Book value (h) Method of valuation: Cost or end-of-year market

(2) Similar amounts region and independent contractors in the region fundraising program specific type of service(s) in the region in the region

(3) 4 Income from investment of tax-exempt bond proceeds region to recipients located in the region

(4) 5 Royalties region to recipients located in the region

(5) (a) Real (b) Personal 2 SALES ACTIVITIES TARGETING UNIVERSITIES ASSESSMENT PRODUCTS 33,11

(6) b Less: rental expenses 6b 1 SALES ACTIVITIES TARGETING UNIVERSITIES ASSESSMENT PRODUCTS 40,00

(7) c Rental income or (loss) 6c

(8) d Net rental income or (loss) (i) Securities (ii) Other

(10) 7a Gross amount from sales of assets other than inventory 7a

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

(2) d Net gain or (loss) (a) Description (b) Book value

(3) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a

(4) b Less: direct expenses 8b

(6) c Net income or (loss) from fundraising events

(7) b Total from combination of activities. See Part IV, line 19 9a 0 0 3

(8) Totals (add lines 3a and 3b) 9b 0 0 3

(9) c Net income or (loss) from gaming activities

(10) 10a Gross sales of inventory, less returns and allowances 10a

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

(2) c Net income or (loss) from miscellaneous revenue (a) Business Code (b) Book value

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.

(3) (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) Amt of non-cash assistance

(4)

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		3,696,564	3,249,958	0	-39,59
Form 990 (2020)					
X, col. (B) line 25.)		Page 10			75,281
Part XIII, provide the text of the footnote to the organization's financial statements that reports the positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII <input checked="" type="checkbox"/>					
Functional Expenses		Schedule D (Form 990) 2021			
(c)(4) organizations must complete all columns. All other organizations must complete column (A).					
Provide a response or note to any Part IX <input checked="" type="checkbox"/>					
lines 6b,		(A)	(B)	(C)	(D)
		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Part XIII - Reconciliation of Expenses per Audited Financial Statements With Revenue per Return.					
1. If the organization answered 'Yes' on Form 990, Part IV, line 12a.					
Schedule O (Form 990) and losses per audited financial statements		1			3,696,564
2. Amounts included on Form 990, Part VIII, line 12:					
Investment expenses, foreign investments. See Part IV, lines 15		2a			
		2b			
		2c			
Directors, trustees, and key		2d	603,308	289,585	718
		2e			
to disqualified persons (as		3			3,696,564
4. Amounts included on Form 990, Part VII, line 12, but not on line 1:					
5. Enter total (on line 6) of recipient organizations listed above that are recognized as charities by the foreign country, recognized as		7a			
6. Investment expenses not included on Form 990, Part VIII, line 7b, which the grantee or course has provided a section 501(c)(3) equivalency letter		7b			686
7. Other (Describe in Part XIII.)		4b			
8. Federal, state, and local taxes paid by the organization or entities:					
9. Other (lines 4a and 4b) employer contributions.		4c			
5. Total employee salaries and wages. Add lines 3 and 4c. (This must equal Form 990, Part I, line 42.)		5	111,714	30,386	3,696,564
Part XII - Reconciliation of Expenses per Audited Financial Statements With Revenue per Return.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
11. Fees for services (non-employees):		1			4,538,914
Schedule O (Form 990) and losses per audited financial statements		1			4,538,914
Part III - Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12b.					
a. Legal		147,693	61,422		271
b. Donated services. See Part III, line 12b. Do not duplicate if additional space is needed.		2a			
c. Accounting					
(a) Type of year or assistance		(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement
d. Lobbying					
e. Other losses					
f. Professional fundraising services. See Part IV, line 7					
g. Other (Describe in Part XIII.)		2d			
h. Investment management fees					
i. Add lines 2a through 2d		2e			
j. Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list on Schedule O.)		3	2,016,630	1,598,415	438,215
3. (A) Amount of expenses on Schedule O.)		3			4,538,914
4. Amounts included on Form 990, Part IX, line 25, but not on line 1:			281,322	116,994	328
19. Investment expenses not included on Form 990, Part VIII, line 7b:		4a			
Office expenses			140,852	58,576	276
14. Information technology		4b			
15. Royalties					
Add lines 4a and 4b		4c			
5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 42.)		5	141,387	98,590	4,538,914
Part XIII - Supplemental Information					
18. Provide descriptions required for Part XIII, lines 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 1 and 2. Also complete this part to provide any additional information.		82		34	48
Return Reference		Explanation			
20. CAE IS AN ORGANIZATION NOT RECOGNIZED AS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE LAWS. THE PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDING JULY 31, 2021, AND DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN, WHICH WOULD REQUIRE ADJUSTMENTS OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. CAE IS POTENTIALLY SUBJECT TO FEDERAL, STATE AND LOCAL EXAMINATIONS FOR YEARS SUBSEQUENT TO JULY 31, 2017.					
21. Payments to affiliates					
22. Depreciation, depletion, and amortization					
23. Insurance					
24. Other expenses. Itemize expenses not covered above (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. TESTING OPERATIONS		100,712	98,472		2,240
b. MISCELLANEOUS EXPENSES		1,635			1,635
Additional Data		Return to Form			
e. All other expenses		Software ID:			
25. Total functional expenses. Add lines 1 through 2		Software Version:			
26. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		1,538,914	2,786,889	1,752,825	
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).					

Schedule J (Form 990) 2020 Compensation Information OMB No. 1545-0047 Page 4

Part IV Foreign Forms For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Part X Balance Sheet Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Check if Schedule O contains a response or note to any line in this Part.

2020

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Name of the organization: Council for the Blind of the United States Employer identification number: 227,612

Part I Questions Regarding Compensation

Table with 10 columns: Question number, Question text, Amount, Yes/No columns. Includes questions 4, 5, 6, 7, 8, 9, 10a, 10b, 10c, 11, 12, 13.

14 Compensation committee. 15 Compensation, survey or study. 16 Approval by the board or compensation committee.

Part V Supplemental Information

Table with 4 columns: Question number, Question text, Amount, Yes/No columns. Includes questions 17, 18, 19, 20.

Part III Liabilities

Table with 4 columns: Question number, Question text, Amount, Yes/No columns. Includes questions 22, 23, 24, 25.

Part III Liabilities (continued)

Table with 4 columns: Question number, Question text, Amount, Yes/No columns. Includes questions 26, 27, 28, 29, 30, 31, 32.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 500531 Schedule J (Form 990) 2020 Form 990 (2020)

Additional Data Page 2 Software ID: Software Version:

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies.

Reconciliation of Net Assets For each individual reported on Schedule J, report compensation from the organization on row (i) and from related organizations, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Table with 3 columns: (A) Name and Title, (B) Breakdown of W-2 and/or compensation, (C) Retired or former compensation. Includes rows for Total revenue, Total expenses, and Revenue less expenses.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

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Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (COUNCIL FOR AID TO EDUCATION INC) and Employer identification number (95-4570253)

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.

Table with 4 main columns: (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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (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.

Table with 5 main columns: (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)

Part V Supplemental Information

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

Table with 2 columns: 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
COUNCIL FOR AID TO EDUCATION INC

Employer identification number

95-4570253

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	TO ADVANCE OPPORTUNITIES FOR A QUALITY EDUCATION BY CONDUCTING EDUCATION POLICY RESEARCH, DISSEMINATING INFORMATION BASED ON THIS RESEARCH, AND PROVIDING ASSESSMENTS AND OTHER SERVICES TO HELP PROMOTE TEACHING AND LEARNING IN THE 21ST CENTURY.
FORM 990, PART VI, SECTION A, LINE 3	THE FOLLOWING COMPANY/PERSONS PERFORMED MANAGEMENT DUTIES ON BEHALF OF CAE DURING THE FISCAL YEAR: BIZDEV CONSULTING - CEO, SUDDENLY ORANGE - CTO, AND INGMAR BERG - CFO
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY THE INDEPENDENT AUDITORS AND ASSISTED BY THE ORGANIZATION'S STAFF. THE 990 IS REVIEWED BY THE AUDIT COMMITTEE BEFORE IT IS SUBMITTED. A COPY OF THE REPORT IS ALSO PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C	ALL CANDIDATES FOR MEMBERSHIP ON THE BOARD, OFFICERS, AND STAFF MEMBERS ARE ADVISED IN WRITING OF THE CONFLICT OF INTEREST POLICY PRIOR TO ASSUMING THEIR RESPONSIBILITIES. THEY MUST REVEAL POTENTIAL CONFLICTS AND REQUEST THE BOARD TO MAKE A DETERMINATION. NO DIRECTOR MAY VOTE ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR BOARD COMMITTEE MEETING IN WHICH SUCH DIRECTOR HAS AN ACTUAL CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 1,598,415. MANAGEMENT AND GENERAL EXPENSES 418,215. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,016,630.
FORM 990, PART XII, LINE 2C	NO CHANGE FROM THE PRIOR YEAR.

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