# Form **990**

(Rev. January 2020)

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2019 ca	lendar year, or tax year	beginning	7/1/2019	, and en		6/30/20			
В	Check if a	pplicable:	C Name of organization	VIRGINIA COUNCIL	ON ECONOMIC E	DUCATION	D E	mployer ider	ntification num	iber	
	Address c	hange	Doing business as								
			Number and street (or P.	O. box if mail is not delivere	d to street address)	Room/suite		087052			
	Name cha	ange	301 W. MAIN STREE	T, BOX 844000			E Te	elephone num	ıber		
$\Box$	Initial retu	rn	City or town		State	ZIP code	(804)	828-1627	7		
			RICHMOND		VA	23284	(004)	020 1021			
L F	Final return	/terminated	Foreign country name	Foreign province	e/state/county	Foreign postal	code			1001 1001	
$\Box$	Amended	return	00-01-0000 pt. 0000-000-00				<b>G</b> G	ross receipts	\$	1,11	3,846
			F Name and address of pr	incinal officer:			H(a) Is this a gro	un return for sub	nordinates?	Yes	X No
	Applicatio	n pending		ARCON ARROY BOOKS I	0.44000 Di-l-		\$4.50	95		Yes	No
1			Daniel R. Mortensen	301 W. Main Street, E	30X 844000, Rich	mond, VA 23					NO
1	Tax-exen	npt status:	X 501(c)(3) 501(	(c) ( ) ◀ (insert	t no.) 4947(a)(	1) or 527	If "No," at	ttach a list. (s	ee instructions)	,	
	Mahaita	. > \	w.vcee.org			30.	H(c) Group ex	emption numb	per ▶		
		14-			7.00	I Vaa	r of formation:		M State of lega	al domicile	VA
K	Form of	organizatio	n: X Corporation	Trust Association _	Other ▶	Liea	of formation.	1970	- Ctate of logs	a dominaro.	
F	art I		mmary								
	1	Briefly of	describe the organization	on's mission or most s	significant activiti		E is the critic	cal resourc	e for		
Se		Virginia	's K-12 teachers and s	chool divisions who a	re seeking profes	ssional develo	pment,				
Governance		curricul	um and resources to h	elp teach economics	and personal fina	nce effectivel	<u>y</u>				
le.	2		his box 🕨 📗 if the o					n 25% of it	s net asset	S.	
ó	8	Numbo	r of voting members of	the governing hody (	Part VI line 1a)			.   3	ا		41
	3	Numbe	r of independent voting	members of the gov	erning hody (Par	t VI line 1h)		. 4			41
S	4	Numbe	mber of individuals en	intempers of the gove	erring body (r ar	line 2a)					2
Ę	5	Total nu	imber of individuals en	ipioyed in calendar ye	eal 2019 (Fall V,	III 6 2aj				- Marie Company	
Activities &	6	Total nu	imber of volunteers (es	stimate if necessary).	(0) 1						0
V	7a		related business rever								0
	b	Net unr	elated business taxabl	e income from Form 9	990-T, line 39	* * * * *					
				Selectionists seed so			Prior	r Year		urrent Year	86,594
ம	8	Contrib	utions and grants (Par	t VIII, line 1h)				1,049,33	A COLO		
Revenue	9		m service revenue (Pa					37,23			37,100
eV6	10	Investn	nent income (Part VIII,	column (A), lines 3, 4	, and 7d)			16,82			-4,783
02	11	Other r	evenue (Part VIII, colu	mn (A), lines 5, 6d, 8d	c, 9c, 10c, and 11	e)	NEW AND ASSESSMENT		0		0
	12	Total re	venue—add lines 8 throu	line 12)		1,103,38	31	1,0	18,911		
A.	13	Grants	and similar amounts p	aid (Part IX, column (	A), lines 1-3).				0		0
	14	Benefit	s paid to or for membe	rs (Part IX, column (A	A), line 4)			0			0
	4.5	Salaries	s, other compensation, e	molovee benefits (Part	IX. column (A), lin	es 5-10)		474,10	05	4	15,095
Ses	16a	Drofoes	sional fundraising fees	(Part IX column (A)	line 11e)				0		0
en	lua	Total fu	indraising expenses (P	eart IX column (D) lin	ne 25) ▶	68 758					
Expenses	.   b	Othor	expenses (Part IX, colu	umn (A) lines 11a-11	d 11f_24e)			569,0	46	7	29,939
ш	11/	Other	expenses (Part IX, colu	17 (reset agual Dort I	u, πτ-2-το)	25)		1,043,1			45,034
	18	lotal e	xpenses. Add lines 13-	-17 (Illust equal Fait i	17, COIGITITI (A), III	16 20)		60,2			26,123
	19	Reveni	ue less expenses. Sub	tract line 18 from line	12		Posinning o	f Current Yes		nd of Year	
Assets or	Joe	_	. (5 () ()				Deginning 0	1,385,0			27,194
sset	20		ssets (Part X, line 16)								
Ž.	21	Total lia	abilities (Part X, line 26	)				3,5			33,073
Net A	22	Net as:	sets or fund balances.	Subtract line 21 from	line 20			1,381,5	15]	1,1	94,121
P	art II	Si	gnature Block								
Un	der penal	ties of perju	iry, I declare that I have exam	ined this return, including a	ccompanying schedul	es and statements	s, and to the bes	any knowledc	eage		
and	d belief, it	is true, cor	rect, and complete. Declaration	on of preparer (other than of	micer) is based on all i	mormation of whic	ii preparei nas	arry knowledg	17 121	1	
Si	gn		MKYatu					1 31	1113	1	
	ere	-	Signature of officer					Date			
			Daniel R. Mortensen			Pres	sident & CEO	)			
			Type or print name and title								
		Pr	int/Type preparer's name	Prepa	grer's signature		Date	Chec		PTIN	
Pa	aid	C.	ican U Androws		nisabl	SOLA	DA 5/17/20			0060594	9
Pi	repare	r	isan H Andrews	A	dragning las	<u></u>					
U	se On	IV		Accounting and Book				120	4-1750760	0	
		Fi	m's address ► 12130 W	exwood Drive, N Che	sterfield, VA 2323	36	Pho	ne no. 80	04-794-042	_	
NA.	av the I	RS discu	iss this return with the	preparer shown abov	e? (see instruction	ons)	D 10 720 0 14		X	Yes	No

Form 9	990 (2019) VIRGINIA COUNCIL ON ECONOMIC EDUCATION	23-7087052	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		X
1	Briefly describe the organization's mission:  To provide Virginia's K 12 students with the economic knowledge and financial skills needed		
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	m Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant the total expenses, and revenue, if any, for each program service reported.	=	
<b>4</b> a	Teacher Education - Provide quality professional development (workshops and institutes) and classroom materials to K-12 teachers to enable them to more effectively teach their students the economics and personal finance knowledge and skills needed to be successful in our dynamic economy. As a result of the financial support we receive from our partners, this professional development is provided at no cost to the teachers or their schools. In FY20, VCEE provided over		
4b		(Revenue \$ 25	
	Revised Online Economics and Personal Finance Course - A \$200,000 grant received during FY19 underwrites the 18-month project to create and offer an updated "second generation" online course in Economics and Personal Finance for Virginia high school students. The revised online course aligns with Virginia's Standards of Learning curriculum framework, is compatible with various administrative requirements, includes updated data and examples, integrates the six core economic principles, facilitates maximum engagement and interaction, and correlates with components of typical face-to-face courses. The course is offered through partner Virtual Virginia; however, VCEE remains responsible for the content.	0	
4c	(Code: ) (Expenses \$ 46,975 including grants of \$ ) Stock Market Game - A program for grades 4-12 which provides teachers with a "real world simulation" to use with their students to teach math, social studies, business, economics and	(Revenue \$ 75	,191 )
	language arts while also learning about the stock market and how to invest wisely. Student teams "invest" \$100,000 and track how their investments perform over the life of the program. In FY20, nearly 17,000 students across Virginia participated in the Stock Market Game. Workshops and webinars were held for teachers to assist them in integrating this program into their curriculum. VCEE also manages the statewide partipation in InvestWrite, a writing competition around saving, investing and the stock market.		

0)(Revenue \$

**4e** Total program service expenses ► 859,329

164,265 including grants of \$

Other program services (Describe on Schedule O.)

4d

(Expenses \$

186,695)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
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		Χ
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
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? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Х	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10	^	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete Schedule D, Part VI.</i>	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i>	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Χ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i>			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  '' </del>		^
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
••	If "Yes," complete Schedule G, Part III	19		X
20a	3 1	20a		Χ
) 24	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		Х

Part IV

Checklist of Required Schedules (continued)

			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
•	employees? If "Yes," complete Schedule J	23		Χ
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		~
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	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		Χ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
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		Χ
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		Χ
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		Х
	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		Χ
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		X
b		28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If If"Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
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		Χ
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		Χ
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		V
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	JJa		
~	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
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		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
D.	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1-	Enter the number reported in Poy 2 of Form 1006. Enter 0, if not emplicable.		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Х	

Par	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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		^
J	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		Х
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	Ť		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10		16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Sect	ion A. Governing Body and Management								
		Ī		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 41							
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 41							
2									
	any other officer, director, trustee, or key employee?		2		Χ				
3	Did the organization delegate control over management duties customarily performed by or under	the direct							
	supervision of officers, directors, trustees, or key employees to a management company or other p	person?	3		Χ				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Χ				
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		Χ				
6	Did the organization have members or stockholders?		6		Χ				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or								
	one or more members of the governing body?		7a		Χ				
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		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertake								
•	the year by the following:								
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be			, ·					
•	at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule</i> O.		9		Χ				
Sect	ion B. Policies (This Section B requests information about policies not required by the			)					
			7 0 0 0 7	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	Χ					
b	If "Yes," did the organization have written policies and procedures governing the activities of such								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g							
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Х					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If								
	describe in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and appro								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•							
а	The organization's CEO, Executive Director, or top management official		15a	Х					
b	Other officers or key employees of the organization		15b	Х					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a		iement							
·ou	with a taxable entity during the year?	·	16a		Χ				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the		·Ju						
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safe								
	the organization's exempt status with respect to such arrangements?	•	16b						
Sect	ion C. Disclosure		.00						
17	List the states with which a copy of this Form 990 is required to be filed VA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	), and 990-T (Section	501(c)	 )					
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		(5)						
		φη. (plain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	•	icv.						
-	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 l	ooks and records	•						
	Daniel R. Mortensen - Virginia Council on Economic Educat	(004) 000 4007							
	301 W. Main Street. Richmond. VA 23284								

23-	70	271	052	
20-	70	$o_I$	JJZ	

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization is	nor any related oi	ganization com	pensated any co	urrent officer, director,	or trustee.

(A) Name and title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Daniel R. Mortensen	40.00									
Executive Director	0.00			Χ	Χ			130,990		
(2) Neil Amin	1.00									
Board Member	0.00	Χ								
(3) Kartik Athreya	3.00									
Board Member	0.00	Х								
(4) James W. Dyke	1.00									
Board Member	0.00	Х								
(5) Kenneth Blaisdell	3.00									
Board Member	0.00	Х								
(6) J. Alfred Broaddus, Jr.	1.00									
Board Member	0.00	Х								
(7) Philip A. Brooks	3.00									
Board Member	0.00	Χ		Х						
(8) Stephanne Strickler Byrd	3.00									
Board Member	0.00	Χ								
(9) Bradley H. Gunter	1.00									
Board Member	0.00	Χ								
(10) Frank G. Carter	1.00									
Board Member	0.00	Χ								
(11) Susan F. Dewey	1.00									
Board Member	0.00	Х								
(12) L. James Borges	1.00									
Board Member	0.00	Χ								
(13) D. Oscarlyn Elder	3.00									
Board Member	0.00	Х								
(14) Roger L. Frost	1.00									
Board Member	0.00	Χ								

Section A. Officers, Directors, 110	istees, key Em	pioye	ees,	and	<u> пп</u>	gnes	U	ompensated En	ipioyees (contin	uea)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	n both that bor/trust e is bor/trust employee	an ee)	(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
(15) Suzanne M. Gallagher	1.00									
Board Member	0.00	Χ								
(16) Chung Ma	1.00									
Board Member	0.00	Х								
(17) Derwood S. Chase	1.00									
Board Member	0.00	Х								
(18) Ruth Cookson	1.00									
Member ex officio	0.00	Х								
(19) Bryan S. Cram	1.00	1								
Board Member	0.00									
(20) Christopher Lucy	3.00	-								
Board Member	0.00									
(21) Jeffrey M. Lacker	1.00	1								
Board Member	0.00									
(22) A Fletcher Mangum	3.00	-								
Board Member	0.00									
(23) Jeffrey P. Leonold	3.00	-								
Board Member	0.00									
(24) James E Lane	1.00		1							
Member ex officio	0.00	Х								
(25) Lynne Mallory-Winter	3.00	-								
Board Member	0.00									
41 0 14 4 1	0.00	^						130,990	0	0
			•		•					
c Total from continuation sheets to Part VII, S								120,000	0	0
d Total (add lines 1b and 1c)								130,990	0	0
2 Total number of individuals (including but not li		stea a	abov	e) v	vno	recei	vec	more than \$100	,000 01	
reportable compensation from the organization	<u> </u>									1
6 Dild : " " "										Yes No
3 Did the organization list any <b>former</b> officer, dire		•				•		•		
employee on line 1a? If "Yes," complete Sched							•			3 X
<b>4</b> For any individual listed on line 1a, is the sum of		-						•		
the organization and related organizations grea	ater than \$150,00	00? <i>It</i>	f "Ye	es,"	con	nplete	Sc	hedule J for suci	h	
individual										4 X
5 Did any person listed on line 1a receive or accr	ue compensatio	n fror	m aı	าу น	nrel	ated	org	anization or indiv	ridual	
for services rendered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	h per	sor	1		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compe	ensated independ	dent o	cont	ract	ors	that r	ece	eived more than S	\$100,000 of	
compensation from the organization. Report co	mpensation for t	the ca	alen	dar	yea	r end	ing	with or within the	e organization's	tax year.
(A)								(B)		(C)
Name and business add	ress							Description of serv	vices (	Compensation
		_								0
										0
										0
									İ	0
										0
2 Total number of independent contractors (inclu	ding but not limit	ted to	tho	se l	iste	d abo	ve)	who received		
more than \$100,000 of compensation from the	-						ń			

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	this Part VIII			🔲
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns	0 0 0 0 396,920				
Contribution and Other Si	g h	All other contributions, gifts, grants, and similar amounts not included above . 1f  Noncash contributions included in lines 1a–1f 1g  Total. Add lines 1a–1f		986,594			
Program Service Revenue	2a b c	Stock Market Game	Business Code 611710	37,100 0 0			
	d e f a	All other program service revenue		0 0 0 37,100			
	3 4 5	Investment income (including dividends, interest other similar amounts)	t, and ▶ ceeds ▶	11,399 0 0			
	6a b c d	Gross rents 6a  Less: rental expenses . 6b  Rental income or (loss) 6c 0  Net rental income or (loss)	0	0			
Revenue	7a b	Gross amount from sales of assets other than inventory . Less: cost or other basis and sales expenses (i) Securities  7a 78,753	(ii) Other  0				
Other Rev	c d 8a	Gain or (loss)		-16,182			
	b c 9a	See Part IV, line 18	0	0			
		Less: direct expenses	0 •	0			
nneous		Less: cost of goods sold	•	0			
Miscellaneous Revenue	c d	All other revenue		0 0 0 1 018 911	0	0	

#### 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. . . (C) (D) (B) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21. . . . . 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . . . . Benefits paid to or for members . . . . . . . . . . . . 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . . 130,990 47,534 76,636 6,820 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . Other salaries and wages . . . . . . . . . . . . 222.399 127.849 37,533 57.017 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . 9 Other employee benefits . . . . . . . . . . . . . . . 34.205 26.492 7.677 36 10 27,501 13,802 8,814 4,885 Fees for services (nonemployees): 11 0 а 0 b 24,303 24,303 С 0 d 0 Professional fundraising services. See Part IV, line 17. . . . е Investment management fees . . . . . . . . . . . . 4.959 4.959 f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . . . . . . 229,090 196,590 32,500 Advertising and promotion . . . . . . . . . . . . . 12 7.703 7.703 690 13 14 Information technology . . . . . . . . . . . . . . . . 0 0 15 2,916 2,916 16 17 10,462 8.099 2,363 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . n 8,734 19 Conferences, conventions, and meetings . . . . . 8,734 20 0 0 21 22 Depreciation, depletion, and amortization . . . . . 2.028 0 2,028 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Centers 328,421 328,421 а b 70,172 70,172 Other program initiatives С Telephone 3,007 808 2.199 Printing and postage 4,826 3.928 898 d Dues, fees and miscellaneous 32,628 26,900 5,728 All other expenses Total functional expenses. Add lines 1 through 24e. 1,145,034 859.329 216,947 68.758 Joint costs. Complete this line only if the 26 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)

23-7087052

Part X Balance Sheet
Check if Schedule O

		Check if Schedule O contains a response or note to any line in this Part X .	(A)		(B)
			Beginning of year	_	End of year
	1	Cash—non-interest-bearing	4,582	1	3,505
	2	Savings and temporary cash investments	426,342	2	319,750
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from 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	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
10		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
1SS	8	Inventories for sale or use	0	8	
•	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 19,931			
	b	Less: accumulated depreciation 10b 15,875	6,084	10c	4,056
	11	Investments—publicly traded securities	319,173	11	317,356
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	628,902	15	582,527
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,385,083	16	1,227,194
	17	Accounts payable and accrued expenses	3,568	17	4,345
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	28,728
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	3,568	26	33,073
es		Organizations that follow FASB ASC 958, check here ▶ X			
ľ		and complete lines 27, 28, 32, and 33.			
ag	27	Net assets without donor restrictions	404,149	27	492,057
B	28	Net assets with donor restrictions	977,366	28	702,064
Ĕ		Organizations that do not follow FASB ASC 958, check here ▶			
Ē		and complete lines 29 through 33.			
Ō	29	Capital stock or trust principal, or current funds	0	29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
et/	32	Total net assets or fund balances	1,381,515	32	1,194,121
ž	33	Total liabilities and net assets/fund balances	1,385,083	33	1,227,194

Form **990** (2019)

Form **990** (2019)

## **Continuation Sheet for Form 990**

Page 1 of 1

Name of the Organization

VIRGINIA COUNCIL ON ECONOMIC EDUCATION

Employer identification number

23-7087052

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees										
(A) Name and title	<b>(B)</b> Average	Posit	tion (		C) k all	that ap	ply)	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(26) Shawn P. McLaughlin	1.00									
Board Member	0.00	Χ								
(27) Leigh B. Middleditch, Jr.	1.00									
Board Member	0.00	Χ								
(28) E.G. Miller	7.00									
Secretary/Treasurer	0.00	Х		Х						
(29) Stephanie R. Peters	7.00									
Chairman	0.00	Х		Х						
(30) Wendell B. Fuller	1.00									
Board Member	0.00	Х								
(31) Robert P. Martin	1.00									
Board Member	0.00	Х								
(32) Keith M. Martin	1.00									
Board Member	0.00	Х								
(33) Rob Shinn	3.00									
Board Member	0.00	Х								
(34) William A. Casey	1.00									
Board Member	0.00	Х		-	-					
(35) Tapan V. Gandhi	1.00									
Board Member	0.00	Х								
(36) Bruce T. Whitehurst	3.00	,,								
Board Member	0.00	Х								
(37) Patricia I. Wright	1.00	\ <u>\</u>								
Board Member	0.00	Х	-		-					
(38) A. Eric Kauders, Jr.	3.00									
Board Member	0.00	_								
(39) Christopher M Shockley Vice Chairman	3.00 0.00			Х						
(40) Thomas C. Palmer	1.00	_	<del>                                     </del>	├^	$\vdash$					
Board Member	0.00									
(41) Mary G. Morris	1.00		$\vdash$		╁					
Board Member	0.00									
(42) Gary R. Thomson	1.00									
Board Member	0.00									
(43) Thomas E. Phillips, Jr.	1.00									
Board Member	0.00									
(44) Jan N. Roche	1.00		1							
Board Member	0.00			1						
(45)	0.00	Τ̈́								
\(15L										
(46)										

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

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

52(0)**1** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organizationEmployer identification numberVIRGINIA COUNCIL ON ECONOMIC EDUCATION23-7087052

Pa	t I	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.		
The	orga	nization is not a private foundat	•		-		•		
1	Ш	A church, convention of church	es, or association o	f churches described in	n <b>section</b>	170(b)(1)	(A)(i).		
2	Ш	A school described in section 1	1 <b>70(b)(1)(A)(ii).</b> (Atta	ach Schedule E (Form	990 or 99	90-EZ).)			
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(l	b)(1)(A)(ii	i).		
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 govern	ment or governmen	ital unit described in <b>se</b>	ection 170	)(b)(1)(A)(	(v).		
7	Χ	An organization that normally redescribed in <b>section 170(b)(1)</b> (			m a gove	rnmental เ	unit or from the gene	ral public	С
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organizer university or a non-land-granuniversity:	t college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or	-
10		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)							
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or	section 50	09(a)(2). See section	n 509(a)	(3).
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regunder to regunder to regular to the power to regular to regular to the power to t	larly appoint or elect a tions A and B.	majority o	of the dire	ctors or trustees of th	ne suppo	
b	i	control or management of the organization(s). You must c	e supporting organi complete Part IV, S	zation vested in the sa	ime perso	ns that co	ntrol or manage the	supporte	
C		Type III functionally integral its supported organization(s)						rated wi	u1,
c		Type III non-functionally in that is not functionally integr	itegrated. A supportated. The organizat	ting organization opera ion generally must sati	ated in cor sfy a distr	nnection w	vith its supported org quirement and an att		
		requirement (see instruction Check this box if the organiz						االم	
е	ı	functionally integrated, or Ty					r rype i, rype ii, ryp	C III	
f		Enter the number of supported	•		• •				0
<u> </u>		Provide the following information		ed organization(s).					
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other s	Amount of support (see ructions)
					Yes	No			
(A)					100	110			
(B)									
(C)									
(D)									
(E)									
Tota	1						0		n

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	<b>(f)</b> Total
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	849,156	1,252,769	946,567	1,049,330	986,594	5,084,416
	to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3	849,156	1,252,769	946,567	1,049,330	986,594	5,084,416
6	Public support. Subtract line 5 from line 4						5,084,416
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	849,156	1,252,769 10,248	946,567	1,049,330	986,594	5,084,416
9	Net income from unrelated business activities, whether or not the business is regularly carried on	11,700	10,210	10,200	11,000	11,000	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						5,140,104
12	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here					<u> </u>	· · · · · •
	tion C. Computation of Public Su					· ·	
	Public support percentage for 2019 (line 6, c	` '		**		14	98.92%
15	Public support percentage from 2018 Sched					15	98.79%
16a	<b>33 1/3% support test—2019.</b> If the organiz and <b>stop here.</b> The organization qualifies as						<b>▶</b> X
b	33 1/3% support test—2018. If the organize box and stop here. The organization qualifier	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	
17a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets the "facts organization."	the "facts-and-circu s-and-circumstance	mstances" test, ch es" test. The organ	eck this box and <b>s</b> ization qualifies as	top here. Explain a publicly support	in ed	▶
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and ts the "facts-and-cir	-circumstances" te cumstances" test.	est, check this box a The organization q	and <b>stop here.</b> Jualifies as a public	sly	▶
18	<b>Private foundation.</b> If the organization did r	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.)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  3 Gross receipts from activities that are not an unrelated trade or business under section 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	( <b>f</b> ) Total 0
received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  3 Gross receipts from activities that are not an unrelated trade or business under section 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  3 Gross receipts from activities that are not an unrelated trade or business under section 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	
furnished in any activity that is related to the organization's tax-exempt purpose	_
organization's tax-exempt purpose	^
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	
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	+ 0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0
organization's benefit and either paid to or expended on its behalf	
or expended on its behalf	
	0
5 The value of services or facilities	
furnished by a governmental unit to the	
organization without charge	0
6 Total. Add lines 1 through 5	0
7a Amounts included on lines 1, 2, and 3	
received from disqualified persons	0
<b>b</b> Amounts included on lines 2 and 3	
received from other than disqualified	
persons that exceed the greater of \$5,000	
or 1% of the amount on line 13 for the year	0
<b>c</b> Add lines 7a and 7b	0
8 Public support (Subtract line 7c from	0
Section B. Total Support	
Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total
9 Amounts from line 6	<del>                                     </del>
10a Gross income from interest, dividends,	
payments received on securities loans, rents,	
royalties, and income from similar sources	0
b Unrelated business taxable income (less	
section 511 taxes) from businesses	
acquired after June 30, 1975	0
<b>c</b> Add lines 10a and 10b	0
11 Net income from unrelated business	
activities not included in line 10b, whether	
	0
or not the business is regularly carried on .	
12 Other income. Do not include gain or	
12 Other income. Do not include gain or loss from the sale of capital assets	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0 0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0
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.).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0 ▶ □
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.).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).  16 Public support percentage from 2018 Schedule A, Part III, line 15.  16 Section D. Computation of Investment Income Percentage	0.00%
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.)	0.00% 0.00% 0.00%
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.).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).  16 Public support percentage from 2018 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2018 Schedule A, Part III, line 17.  18 Investment income percentage from 2018 Schedule A, Part III, line 17.  18 Investment income percentage from 2018 Schedule A, Part III, line 17.  18 Investment income percentage from 2018 Schedule A, Part III, line 17.	0.00% 0.00%
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.)	0.00% 0.00% 0.00% 0.00%
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.)	0.00% 0.00% 0.00% 0.00%
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.)	0.00% 0.00% 0.00% 0.00%

#### **Supporting Organizations** Part IV

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

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

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

		Yes	No
	1		
	2		
	3a		
	Ju		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	00		
	6		
	7		
	8		
	9a		
	9h		
	9b		
	9с		
	10a		
	10b		
rm 9	990 or	990-EZ	2019

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 instru	ction	s).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		-,.	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
			<i>!!</i> \	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see it	nstruc	iions).	•
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	26		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	2b		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Ves" describe in <b>Part VI</b> the role played by the organization in this regard	3h		

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	•		•
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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	П		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	ly integ	rated Type III supporting o	organization (see
instructions).	J		

Page **7** 

Part	Type III Non-Functionally Integrated 509(a)(3	<u>) Supporting Organi</u>	zations (continuea)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	T		0.000
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e	0		
	Applied to underdistributions of prior years		0	•
	Applied to 2019 distributable amount			0
<u>.</u>	Carryover from 2014 not applied (see instructions)	0		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from Section D, line 7: \$ 0			
	Section D, line 7: \$ 0 Applied to underdistributions of prior years		0	
	Applied to underdistributions of prior years  Applied to 2019 distributable amount		U	0
	Remainder. Subtract lines 4a and 4b from 4.	0		U
5	Remaining underdistributions for years prior to 2019, if	U		
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6	Remaining underdistributions for 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

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

### **Supplemental Financial Statements**

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

►Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization VIRGINIA COUNCIL ON ECONOMIC EDUCATION 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 1 Total number at end of year . . . . . . 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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. 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: 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: **b** Assets included in Form 990, Part X.

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

Part	III Organizations Maintaining C	ollections of A	rt, Historic	al Trea	asures, or C	Other	Similar Asset	s (conti	nued)	
3	Using the organization's acquisition, acc	cession, and other	records, che	eck any	of the following	ng that	make significant	t use of i	is	
	collection items (check all that apply):									
а	X Public exhibition		d L	oan or	exchange pro	gram				
b	Scholarly research		e 🗆 0	Other						
С	Preservation for future generations			-						
4	Provide a description of the organization		evalain how	they fu	rther the orga	nizatio	n'e evemnt nurn	ose in P	art	
-	XIII.	13 Collections and	explain now	illey lui	itilei tile olga	ıııızauc	ni s exempt puip	036 111 17	זוג	
5	During the year, did the organization so	licit or receive don	ations of art	historio	eal treasures	or oth	er similar			
3	assets to be sold to raise funds rather the								es 🗌	No
Do:			Cu as part or	uic org	anization 3 cc	Jiicotio		·		110
Part	Escrow and Custodial Arran Complete if the organization a		n Form 000	) Dort	IV line 0 o	r rono	ortod an amoun	t on Eo	rm	
	990, Part X, line 21.	isweled les o	ii Foiiii 990	J, Fait	iv, line 9, 0	riepo	nteu an amoun	it on Fo	1111	
	Is the organization an agent, trustee, cu	estadian or other in	tormodiany fe	or contri	ibutions or otl	hor acc	sats not			
ıa	included on Form 990, Part X?		_						es 🗌	No
b	If "Yes," explain the arrangement in Par							Ш'	#5 <u> </u>	NO
b	ii res, explain the arrangement iirr ar	t Am and complete	s tile lollowill	ig table.				Amount		
С	Beginning balance					10	+	/ timount		0
d	Additions during the year					10				
e	Distributions during the year					16				
f	Ending balance					11				0
2a	Did the organization include an amount								es X	No
_	_						=		=	NO
b	If "Yes," explain the arrangement in Par	t AIII. Check here	ii the explana	alion na	is been provid	Jed on	Part Alli			
Part										
	Complete if the organization a					1				
_	<u> </u>	(a) Current year	(b) Prior y		(c) Two years		(d) Three years back		our years	
1a	Beginning of year balance	628,902		84,459		1,673	86,79		8	7,158
b	Contributions	10,361	2	24,093	4.	7,817	398,55	8		
С	Net investment earnings, gains,	EC 726	,	20.250	4.	1 604	20.20	20		260
a	and losses	-56,736		20,350	4	1,601	38,32	29		-360
d e	Grants or scholarships Other expenditures for facilities									
E	and programs				16	6,632	12,01	2		
f	Administrative expenses				10	0,002	12,01			
g	End of year balance	582,527	6:	28,902	584	4,459	511,67	73	8	6,798
2	Provide the estimated percentage of the	•					011,07	<u> </u>		0,700
– a	Board designated or quasi-endowment		%		(4), 11010					
b	Permanent endowment	100%								
С		%								
	The percentages on lines 2a, 2b, and 2	c should equal 100	)%.							
3a	Are there endowment funds not in the p	ossession of the o	rganization t	hat are	held and adn	niniste	red for the			
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Χ	
	(ii) Related organizations							3a(ii)		Χ
b	If "Yes" on line 3a(ii), are the related org	ganizations listed a	as required o	n Sched	dule R?			3b		Χ
4	Describe in Part XIII the intended uses	of the organization	's endowme	nt funds	i.					
Part	VI Land, Buildings, and Equipm	nent.								
	Complete if the organization a	nswered "Yes" o	n Form 990	0, Part	IV, line 11a	. See	Form 990, Par	t X, line	: 10.	
	Description of property	(a) Cost or ot		. ,	r other basis	٠,	Accumulated	( <b>d)</b> B	ook value	9
		(investm	ent)	(0	ther)	(	depreciation			
1a	Land		0		0					0
b	Buildings	1	0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		16,547		12,491			4,056
^	Othor	1	0		2 204		2 2011			Λ

4,056

Part VII	Investments—Other Securities.  Complete if the organization answered "	Yes" on Form 990	Part IV line 11b See Form 9	90 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of val	
	(including name of security)	(a) Dook value	Cost or end-of-year m	arket value
	al derivatives	0		
	held equity interests	0		
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
	Investments—Program Related.	<u> </u>		
Part VIII	Complete if the organization answered "	Voc" on Form 000	Part IV line 11c See Form 0	00 Part V line 12
	<u> </u>			
	(a) Description of investment	(b) Book value	<b>(c)</b> Method of val Cost or end-of-year m	
(1)			-	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0		
Part IX	Other Assets.			
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11d. See Form 9	90, Part X, line 15.
	(a) Descrip			(b) Book value
(1) Investr	ment Funds Held at The Community Foundation	1		582,527
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (0a/	(h)	45)		500 503
	umn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	· · · · · · · · · · · · · · · · · · ·	582,527
Part X	Other Liabilities.	Vaa" on Farm 000	Dort IV line 11e er 11f Coe F	Form 000 Dort V
	Complete if the organization answered "	res on Form 990,	Part IV, line The or Thi. See F	-orm 990, Part X,
1.	line 25.	on of liability	T	(b) Book value
	l income taxes	on or nability		(b) Book value
(2)	Tillcome taxes			
(3)			+	
(4)			+	
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		(
	or uncertain tax positions. In Part XIII, provide the tex	•		
	's liability for uncertain tax positions under FASB AS			

	Complete if the every institute analyzated IVeell on Ferms COO Dort	11 / 11:00 4	^~		
_	Complete if the organization answered "Yes" on Form 990, Part			<u> </u>	070 404
1	Total revenue, gains, and other support per audited financial statements			1	978,181
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما	4 505		
a	Net unrealized gains (losses) on investments	2a	-4,535 25 500		
b	Donated services and use of facilities	2b 2c	25,500		
c d	Other (Describe in Part XIII.)		-56,736		
e	Add lines 2a through 2d			2e	-35,771
3	Subtract line 2e from line 1			3	1,013,952
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	j			1,010,002
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4.959		
b	Other (Describe in Part XIII.)	4b	1,000		
c	Add lines <b>4a</b> and <b>4b</b>			4c	4,959
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ) .			5	1,018,911
Pari	XII Reconciliation of Expenses per Audited Financial Statement				
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements			1	1,165,575
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	25,500		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		1	2e	25,500
3	Subtract line <b>2e</b> from line <b>1</b>	i · · · · ·		3	1,140,075
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	4.050		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,959		
b	Other (Describe in Part XIII.)			4 -	4.050
С	Add lines <b>4a</b> and <b>4b</b>			4c	4,959
_			1		
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1	5	
Part	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>XIII</b> Supplemental Information.			5	1,145,034
<b>Part</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	art IV, line	es 1b and 2b; Par	5 t V, line	1,145,034
Part Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, line	es 1b and 2b; Par	5 t V, line	1,145,034
Part Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, line	es 1b and 2b; Par	5 t V, line tion.	1,145,034 4; Part X, line
Part Provi 2; Pa Part 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximate the supplemental Information.	Part IV, line	es 1b and 2b; Partadditional informa	5 t V, line tion.	1,145,034 4; Part X, line
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Part Provi 2; Pa Part 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximate the supplemental Information.	Part IV, line	es 1b and 2b; Partadditional informa	5 t V, line tion.	1,145,034 4; Part X, line
Part Provi 2; Pa Part 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximate the supplemental Information.	Part IV, line	es 1b and 2b; Partadditional informa	5 t V, line tion.	1,145,034 4; Part X, line
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Part Provi 2; Pa Part 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximate the supplemental Information.	Part IV, line	es 1b and 2b; Partadditional informa	5 t V, line tion.	1,145,034 4; Part X, line
Part Provi 2; Pa Part 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximate the supplemental Information.	Part IV, line	es 1b and 2b; Partadditional informa	5 t V, line tion.	1,145,034 4; Part X, line
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Part Provi 2; Pa Part 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximate the supplemental Information.	Part IV, line	es 1b and 2b; Partadditional informa	5 t V, line tion.	1,145,034 4; Part X, line

Schedule D (Fo		VIRGINIA COUNCIL ON ECONOMIC EDUCATION	23-7087052 P	age <b>5</b>
Part XIII	Suppleme	ental Information (continued)		

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

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

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

VIRGINIA COUNCIL ON ECONOMIC EDUCATION 23-7087052 Form 990, Part III, Line 4d: Program Service Expenses: 15,652, Grants and allocations: 0, Revenue: 30,000 The Governor"s Challenge in Economics and Personal Finance - This is a statewide competition for high school students held in conjunction with the Governor's Office. An online competition is initially held in three divisions - Personal Finance, Economics and Advanced Economics. In FY20 more than 1,500 students participated in the Governor's Challenge statewide. Form 990, Part III, Line 4d: Program Service Expenses: 148,613, Grants and allocations: 0, Revenue: 156,695 Additional programs include serving as a resource for teachers and local school divisions in the area of economic and financial education as well as providing other programs which can assist teachers in teaching these concepts to students (e.g. Reading Makes Cents and Virginia Reads One Book) . VCEE also provides Economic Educator Awards acknowledging outstanding teachers, creative lessons written by them, and providing mini-grants to support their efforts in the classroom to promote economic and financial literacy. Form 990, Part VI, Section B, Line 11b: Prior to the filing of the Form 990, the President sends an electronic copy to all board members for their review. Form 990, Part VI, Section B, Line 12c: Board members are asked to submit their conflict of interest disclosure forms annually. The forms are reviewed and monitored by the President and Governance Committee chair in accordance with the policy. Form 990, Part VI, Section B, Line 15a: On an annual basis the executive committee, acting on behalf of the Board of Directors, reviews the performance and compensation of the President. Form 990, Part VI, Section C, Line 19: All governing documents, conflict of interest policy statements and financial statements are made available to the public upon request. Form 990, Part IX, Line 11g: Of the \$229,090 in other fees for services, \$196,590 was paid to consultants to teach workshops on economic education and to create the curricullum in the revised online economics and personal finance course and \$32,000 was paid to a communications

consultant. Forms 1099-MISC were issued to any individuals that were paid \$600 or more during

	Schedule O (Form 990 or 990-EZ) (2019)	Page	2
	Name of the organization	Employer identification number	
	VIRGINIA COUNCIL ON ECONOMIC EDUCATION	23-7087052	
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