EXTENSION FILING INSTRUCTIONS

FORM 8868 FOR FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

PREPARED FOR:

THE FORUM ON EDUCATION ABROAD DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013

PREPARED BY:

BOYER & RITTER 1 EAST HIGH STREET CARLISLE, PA 17013

AMOUNT DUE:

NOT APPLICABLE

MAIL CHECK PAYABLE TO:

NOT APPLICABLE

MAIL EXTENSION AND (CHECK IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

EXTENSION MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2017

SPECIAL INSTRUCTIONS:

FORM 8868 EXTENDS THE FILING DATE OF THE RETURN TO MAY 15, 2018.

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GOVERNMENT COPY

Form	887	'9-	EO	
FOUL		-	_	

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service For calendar year 2016, or fiscal year beginning <u>JUL 1</u>, 2016, and ending <u>JUN 30</u>, 20<u>17</u> **Do not send to the IRS. Keep for your records.**

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

2016

Internal Revenue Service Information about I Name of exempt organization

Employer identification number

23-3100062

THE FORUM ON EDUCATION ABROAD

Name and title of officer BRIAN WHALEN PRESIDENT, CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,997,249.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize BOYER & RITTER	to enter my PIN	17013
ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within th is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature Date Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros	3	
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Mef <i>e-file</i> Providers for Business Returns.	•	
ERO's signature Date Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do	So	

	0		Return of Organization Exempt Fr	rom Ir	ncome Tax	OMB No. 1545-0047
For	mЧ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			s) 2016
Dens		of the Treasury	Do not enter social security numbers on this form as	s it may be	e made public.	Open to Public
		enue Service	Information about Form 990 and its instructions is a	nt _{www.irs}	.aov/form990.	Inspection
AF	For th	e 2016 calend			ŪN 30, 2017	
Β	Check if		forganization		D Employer identific	ation number
a	pplicat					
	Addr chan	ge THE	FORUM ON EDUCATION ABROAD			
	Nam Chan	ge Doing bi	usiness as		23-33	100062
	Initia	n Number	(oom/suite	E Telephone number	
	Final returi termi	DICK	INSON COLLEGE, PO BOX 1773			451031
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,997,249.
	returi Appli		ISLE, PA 17013		H(a) Is this a group re	
	tion pend		nd address of principal officer: BRIAN WHALEN		for subordinates	
			AS C ABOVE		H(b) Are all subordinates in	
		empt status:		527		list. (see instructions)
		f organization:	FORUMEA.ORG X Corporation Trust Association Other ►		H(c) Group exemption	State of legal domicile: PA
	art I	Summary		L Year (State of legal domicile; FA
	T		e the organization's mission or most significant activities: MEMBEI	RGHTP	ORCANTZATT	
e	1		NDARDS DEVELOPMENT ORGANIZATION FOR			
nan	2		$x \models \square$ if the organization discontinued its operations or disposed			
Governance	3				3	10
ĝ	4		lependent voting members of the governing body (rait v), into ray			10
ა ა	5		of individuals employed in calendar year 2016 (Part V, line 2a)			0
itie	6		of volunteers (estimate if necessary)			251
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
Ā			business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)		72,278.	5,200.
nue	9	Program servi	ce revenue (Part VIII, line 2g)		1,741,527.	1,929,805.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		52,272.	62,244.
Œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,866,077.	1,997,249.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		10,000.	10,000.
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		0.	0.
ens	16a		undraising fees (Part IX, column (A), line 11e)	·····	0.	0.
Expense	b b		ing expenses (Part IX, column (D), line 25) • 47, 362		1 012 261	2 022 026
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,913,361. 1,923,361.	2,022,036.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		-57,284.	<u>2,032,036.</u> -34,787.
- 2	19	nevenue less	expenses. Subtract line 18 from line 12		jinning of Current Year	
Net Assets or	20	Total assets (F	Part X line 16)		2,312,401.	End of Year 2,325,613.
Asse	20				687,555.	601,747.
Vet /	22		(Part X, line 26) fund balances. Subtract line 21 from line 20		1,624,846.	1,723,866.
	art II				_,,,.	_,0,0000
		-	I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of mv	knowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of whic			,
	,			1 6		

Sign Here	Signature of officer BRIAN WHALEN, PRESIDENT Type or print name and title	Г, СЕО		Date				
Paid	Print/Type preparer's name CHARLES R. NEBEL, JR.	Preparer's signature	Date	Check PTIN if self-employed P00143823				
Preparer	Firm's name 🕨 BOYER & RITTER			Firm's EIN 23-1311005				
Use Only	Firm's address ▶ 1 EAST HIGH STRE	ET						
	CARLISLE, PA 170		Phone no.717-249-3414					
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No				
632001 11-1	32001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)							

Form	990 (2016) THE FORUM ON EDUCATION ABROAD	23-3100062	Page 2
Pa	t 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:		
	THE FORUM ON EDUCATION ABROAD IS THE HIGHER EDUCATION	ASSOCIATION FOR	R
	EDUCATION ABROAD. A 501(C) (3) NON-PROFIT ASSOCIATION,		
	RECOGNIZED BY THE U.S. DEPARTMENT OF JUSTICE AND THE F		
	COMMISSION AS THE STANDARDS DEVELOPMENT ORGANIZATION (SDO) FOR THE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic	es? Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a		nd
	revenue, if any, for each program service reported.		
4a		Revenue \$ 987,2	290.)
Ĩ	THROUGH CONVENING EVENTS AND CONFERENCES, THE FORUM OF		
	OPPORTUNITIES FOR DISCUSSION, LEARNING AND NETWORKING.		
	PEOPLE ATTENDED THE FORUM'S CONFERENCES, INSTITUTES, W		
	WEBINARS THIS PAST YEAR. THE FORUM ANNUAL CONFERENCE I	-	
	EDUCATION ABROAD GATHERING AND THE SIGNATURE EVENT OF		
	LATE MARCH IN SEATTLE, OVER 1,300 PEOPLE ATTENDED THIS		
46	(Code:) (Expenses \$ 592,797. including grants of \$ 10,000.) (616	468.)
4b	(Code:) (Expenses \$592, 797. including grants of \$10,000.) (THROUGH ITS MANY WORKSHOPS AND ITS PROFESSIONAL CERTIF		/
	THE FORUM TRAINS AND EDUCATES HUNDREDS OF COLLEAGUES E		-
	PRACTICES, AND BY DOING SO HELPS TO IMPROVE THE EDUCAT		
	FOR THE BENEFIT OF STUDENTS. IN FY 2017, OVER 800 PEOP		
	IN WORKSHOPS AND OVER 225 WERE ENROLLED IN THE PROFESS		<u> </u>
	CERTIFICATION PROGRAM, REPRESENTING 140 MEMBER ORGANIZ		
	COUNTRIES. THE FORUM'S QUALITY IMPROVEMENT PROGRAM HAD		
	PARTICIPATING IN REVIEWS.		G
	PRAILCIPATING IN REVIEWS.		
4.	(Code:) (Expenses \$ 346, 474. including grants of \$) (i	206	047.)
4c	(Code:) (Expenses \$346,474. including grants of \$) (THE FORUM'S PROGRAMS AND RESOURCES OFFER IMPORTANT DAT		
			<u> </u>
	QUALITY ASSURANCE TOOLS, AND PUBLICATIONS AND ONLINE R INSTITUTIONS TO ADVANCE THEIR EDUCATION ABROAD PROGRAM		
	INCLUDED THE PUBLICATION OF THE BIANNUAL STATE OF THE		
	THE INSURANCE CLAIMS DATA REPORT. IN 2016-17 VISITS T	O THE FORUM WEI	В
	SITE INCREASED BY 19%.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,736,912.		
		Form 9	90 (2016)
63200	2 11-11-16		

Form 990 (2016)				EDUCATION	ABROAD
Part IV Checklist of	f Require	d Schedu	les		

-			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 Schedule B, Schedule of Contributors?	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
0	Schedule D, Part III	⊢ °		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or 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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	Í		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Í		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	Í		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	Í		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
2	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		I X

Form **990** (2016)

<u>Form 990 (</u>					EDUCATION	ABROAD
Part IV Checklist of Required Schedules (continued)						

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		x
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		x
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes, "			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
<u></u>	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	1

Form **990** (2016)

Form	990 (2016) THE FORUM ON EDUCATION ABROAD		23-3100	062	Р	age 5
Pa						<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V					\square
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		le gaming			
-	(gambling) winnings to prize winners?			1c	х	
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions					
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x
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 Ad	ccount	s (FBAR).			
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9	-		
				8		
9	Sponsoring organizations maintaining donor advised funds.			_		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	110				
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	<u>11a</u>				
b	amounts due or received from them.)	11b				
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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 undertaken during 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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright PA	-11 - 1 - 1		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	allable	9	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website I Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	al	
~	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BRIAN WHALEN - 717-245-1031			
	DICKINSON COLLEGE, CARLISLE, PA 17013			

THE FORUM ON EDUCATION ABROAD

Part VII	Compensation of Officers, I	Directors, Trust	ees, Key Employee	s, Highest	Compensated
	Employees, and Independer	nt Contractors			

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss per	rson i	is both pr/trus	n an	compensation	compensation	amount of
	week					1/11/13		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	Hig	For			
(1) MARY ANNE GRANT	2.00								0	0
CHAIR	1 0 0	Х		X		<u> </u>		0.	0.	0.
(2) JOY GLEASON CAREW	1.00	.,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(3) ENDA CARROLL	1.00								0	0
BOARD MEMBER	1.00	Х			-	-		0.	0.	0.
(4) JOHN LUCAS, PH.D. BOARD MEMBER	L 1.00	x						0.	0.	0.
(5) PAUL J. MCVEIGH, PH.D.	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(6) SUSAN POPKO	1.00					\vdash		0.	0.	0.
SECRETARY	1.00	х		x				0.	0.	0.
(7) GREGG KVISTAD	1.00	- 23				\vdash		Ŭ.		```
VICE CHAIR	1.00	х		x				0.	0.	0.
(8) BRUCE SILLNER	1.00									
BOARD MEMBER		х						0.	0.	0.
(9) ANNETTE SMITH PARKER	1.00									
TREASURER		х		x				0.	0.	0.
(10) PATRICIA H. SCROGGS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DONNA SCARBORO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) THOMAS M. BUNTRU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BRIAN WHALEN	40.00									
PRESIDENT				Х				0.	0.	0.
		<u> </u>								
		1								
						<u> </u>				
		-								
		-								

Form 990 ((2016) THE FORU	M ON EDU	ICA	TI	ON	ΓA	BR	OA	AD	23-33	<u>1000</u>)62	P	age 8
Part VII	Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C		, ,	<u> </u>			
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	1 than c is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	I	fr org and	pensa om th anizat d relat inizati	e ion ed
											-+			
											-+			
1h Sub	-total								0.		0.			0.
c Tota	I from continuation sheets to Part V	I, Section A							0.		0.			0.
	il (add lines 1b and 1c) I number of individuals (including but r							► o re		000 of reportable				0.
	pensation from the organization		000	noto	u ui		<i>,</i> ,	010						0
											ſ		Yes	No
	the organization list any former officer 1a? If "Yes," complete Schedule J for s			,			• •		0	1 5		3		х
	any individual listed on line 1a, is the su										····	-		
	related organizations greater than \$15											4		Х
	any person listed on line 1a receive or a lered to the organization? <i>If</i> "Yes." con											5		x
	B. Independent Contractors		<u>, , , ,</u>	<u> </u>		0013					<u></u>	<u> </u>		
	plete this table for your five highest co organization. Report compensation for										oensati	ion fro	m	
	(A) Name and business				<u>ig w</u>				(B) Description of s		C	(C omper		n
DICKI	NSON COLLEGE											ompoi	loutio	
	COLLEGE STREET, CARI	LISLE, P	A	17	01	3			STAFFING SER	VICES		94:	1,4	72.
	I number of independent contractors (i).000 of compensation from the organi	•	ot lin	nited	d to	thos 1		ted	above) who received me	ore than				

	990 (ORUM ON	EDUCATION	I ABROAD		23-3100	062 Page 9
	t VII		nue					
_		Check if Schedule O cont	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
iran oun	b	Membership dues	1b					
s, G	с	Fundraising events	1c					
Gift lar	d	Related organizations	1d					
)s, (imi	е	Government grants (contributi						
er S	f	All other contributions, gifts, gran						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above		5,200.				
onti od (g	Noncash contributions included in lines			E 200			
<u>o</u> ē	h	Total. Add lines 1a-1f			5,200.			
	0.0	FORUM CONFERENC	F	Business Code 611430	987,290.	987,290.		
/ice		MEMBERSHIP		611430	646,468.	646,468.		
Serv			GRAMS	611430	296,047.	296,047.		
ven S	d			011450	250,017.	250,047.		
Program Service Revenue	e							
Pro		All other program service reve	enue	611430				
	q				1,929,805.			
	3	Investment income (including						
		other similar amounts)		►	62,244.			62,244.
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a							
	b	Less: rental expenses						
	С	()						
	d	() .						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory						
	a	Less: cost or other basis and sales expenses						
	~	Gain or (loss)						
		Net gain or (loss)		►				
		Gross income from fundraising						
Other Revenue	• •	including \$						
evel		contributions reported on line						
r R		Part IV, line 18						
the	b	Less: direct expenses						
0	с	Net income or (loss) from fund	draising events	►				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		🕨				
	10 a	Gross sales of inventory, less						
	-	and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sale						
ŀ	44 -	Miscellaneous Revenu		Business Code				
	11 а ь							
	b							
	c d	All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions.			1,997,249.	1,929,805.	0.	62,244.

THE FORUM ON EDUCATION ABROAD

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THE FORUM ON EDUCATION ABROAD Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	, , ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	10,000.	10,000.		
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	10,000.	10,000.		
2	in dividuale. One Dect IV/ line 00				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	1 050 000	0.05 600	100 000	
а	Management	1,059,902.	885,633.	126,907.	47,362.
b	Legal	0 775		0 775	
	Accounting	8,775.		8,775.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	10,941.		10,941.	
f	Investment management fees	10,941.		10,941.	
g	column (A) amount, list line 11g expenses on Sch O.)	30,371.	17.036.	13,335.	
12	Advertising and promotion	24,909.	17,036. 24,909.		
13	Office expenses	76,349.	9,868.	66,481.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	31,158.	31,158.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	605,858.	594,072.	11,786.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Sededulo 0.)				
а	amount, list line 24e expenses on Schedule 0.) WORKSHOP/WEBINAR EXPENS	56,936.	56,936.		
a b	QUIP PROGRAM	40,025.	40,025.		
c	CERTIFICATION PROGRAM	38,026.	38,026.		
d	PRINTING AND REPRODUCTI	21,095.	21,095.		
	All other expenses	17,691.	8,154.	9,537.	
25	Total functional expenses. Add lines 1 through 24e	2,032,036.	1,736,912.	247,762.	47,362.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

THE	FORUM	ON	EDUCATION	ABROAD

га		Dalance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		455,139.	1	281,065.
	2	Savings and temporary cash investments		203,096.	2	203,342.
	3	Pledges and grants receivable, net		40,000.	3	20,000.
	4	Accounts receivable, net		21,129.	4	13,253.
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Š	8	Inventories for sale or use		2,159.	8	4,658.
	9	Prepaid expenses and deferred charges		12,103.	9	6,654.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1	1,578,775.	12	1,796,641.
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		2,312,401.	16	2,325,613.
	17	Accounts payable and accrued expenses		244,235.	17	273,724.
	18	Grants payable		442 200	18	200.002
	19	Deferred revenue		443,320.	19	328,023.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to current and former				
iliti		key employees, highest compensated employees				
Liabilities					22	
-	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	, .		05	
	06	Schedule D		687,555.	25 26	601,747.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)		007,333.	20	001,747.
		complete lines 27 through 29, and lines 33 and	I			
ces	27	Unrestricted net assets		1,448,049.	27	1,615,157.
lan	28			176,797.	28	108,709.
Ва	29			2/0//0/10	29	20077050
Fund Balances	25	Organizations that do not follow SFAS 117 (AS		25		
Ē		and complete lines 30 through 34.				
Net Assets or	30			30		
sset	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
tAŝ	32	Retained earnings, endowment, accumulated inc			32	
Ne	33	Total net assets or fund balances	r	1,624,846.	33	1,723,866.
	34			2,312,401.	34	2,325,613.
-					_	

Form **990** (2016)

Part X Balance Sheet

Form	000	12016
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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,997		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,032		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,624		
5	Net unrealized gains (losses) on investments	5	133	3,8	07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,723	3,8	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2016)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form	990	or	990	-EZ
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. n 990 or Form 990-F7 Ec

►	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at	www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

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Name	of t	he organization							dentification number
D				DUCATION ABRO					3-3100062
Part	L	Reason for Public (Sharity Status (All organizations must co	mplete th	is part.) Se	e instructions	S	
The or	gani	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1 🗌		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A))(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Ξ	An organization that norma	-					ne general r	oublic described in
		section 170(b)(1)(A)(vi). (C	-		3			5	
8		A community trust describe		(1)(A)(vi), (Complete Par	· II)				
9	=	An agricultural research org				ed in coniu	inction with a	land-grant	college
J _		or university or a non-land-g	-			-		-	-
		university:	grant concyc or agric			lame, ony		the conege	
10 🖸	x	An organization that norma	lly rocaiyas: (1) mara	than 22 1/204 of its sup	ort from a	ontributio	ne momborsk	nin food on	d gross receipts from
	<u>.</u>	-							•
		activities related to its exen							-
		income and unrelated busin		(less section 511 tax) inc	m busines	ses acqui	red by the org	anization a	atter June 30, 1975.
. L		See section 509(a)(2). (Co					O(-)(4)		
11 ∟ 40 □	\exists	An organization organized a	-	•	•				
12 🗌		An organization organized a	-	•				•	
		more publicly supported or	-						
		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga	-		• • • •	-			
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte	• • • •					ly integrate	ed with,
		its supported organization	. , .	•					
d		Type III non-functionally						-	
		that is not functionally int			•			an attentiv	/eness
		requirement (see instruct	,	•	-				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.			
f	Ente	r the number of supported of	organizations						
g F		ide the following information			(iv) Is the orga	nization listed			
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see il	istructions	
									ļ
									ļ
Total									

Schedule A (Form 990 or 990 EZ) 2016 THE FORUM ON EDUCATION ABROAD Part II Support Schedule for Organizations Described in Sections 170(b)

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	ction A. Public Support		-		-	_	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•	•	•	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for	•	,			· · · ·	
	organization, check this box and stor	•					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	%
	Public support percentage from 2015		•			15	%
	33 1/3% support test - 2016. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	. —
h	10% -facts-and-circumstances test	-	-	• • • •			
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						-
18	Private foundation. If the organization		-		• • • •		
				, ,	,		····· 🕨 🗖

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE FORUM ON EDUCATION ABROAD 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	159,847.	1,073.	72,061.	72,278.	5,200.	310,459.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1643366.	1404517.	1855751.	1741527.	1929805.	8574966.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	1002012	1405500	1007010	1012005	1025005	0005405
	Total. Add lines 1 through 5	1803213.	1405590.	1927812.	1813805.	1935005.	8885425.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						8885425.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	1803213.	1405590.	1927812.	1813805.	1935005.	8885425.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties	12 024	24,176.	37,792.	52,272.	62,244.	190,418.
	and income from similar sources	13,934.	24,170.	51,194.	52,272.	02,244.	190,410.
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	13,934.	24,176.	37,792.	52,272.	62,244.	190,418.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1817147.	1429766.	1965604.	1866077.	1997249.	9075843.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ition,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2016 (I	ine 8, column (f) div	vided by line 13, c	olumn (f))		15	<u>97.90 %</u>
-	Public support percentage from 2015					16	98.39 %
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)16 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	2.10 %
	Investment income percentage from					18	1.61 %
19a	33 1/3% support tests - 2016. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the						►X
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		•	-		-	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE FORUM ON EDUCATION ABROAD

Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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.)

y personal be letail in Part N use of section r integrated c, Form 4720, Yes

No

Schedule A (Form 990 or 990-EZ) 2016 THE FORUM ON EDUCATION ABROAD Part IV 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec			Y.	
			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	-		
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type in Supporting Organizations		X	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions).		
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sect	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

instructions).

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE FORUM ON EDUCATION ABROAD

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

Schedule A (Form 990 or 990-EZ) 2016 THE FORUM ON EDUCATION ABROAD

Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-2016Distributions Amount1Distributable amount for 2016 from Section C, line 6 </th <th>nt Year</th>	nt Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reason-able cause required-explain in Part VI). See instructions 3 Excess distributions caryover, if any, to 2016: a b c From 2013 d From 2015 f Total of lines 3 through e a Applied to underdistributions of prior years h Applied to 2016 from Section C, line 6	
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distribution sto attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distribution Allocations (see instructions) 1 Line 8 amount for 2016 from Section C, line 6 10 Line 8 amount for 2016 from Section C, line 6 1 Distributions, if any, tory years prior to 2016 (reason-able cause required- explain in Part VI). See instructions a Excess distributions carryover, if any, to 2016: a E b E c From 2013 d From 2014 e From 2015 f Total of lines 3a through e q Applied to underdistributions of prior years	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 1 Distributions Allocations (see instructions) 1 Distributions, fary, for years prior to 2016 (reason- able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a b c From 2013 d From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to underdistributions of prior years i Applied to underdistributions of prior years a Applied to underdistributions of prior years i Applied to underdistributions of prior years <	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributions to attentive supported organization so the form Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 1 Distributions, if any, for years prior to 2016 (reason-able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a a b	
5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Centro Line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reason-able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a	
6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a b b C c From 2013 d From 2013 d From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions of prior years h Applied to	
7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reason-able cause required - explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a a b a c From 2013 c From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 (sei instructions) i Carryover from 2011 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions of prior years h Applied to underdistributions of prior years a Applied to underdistribut	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reason- able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a b c From 2013 d From 2013 d From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) i Remainder. Subtract lines 3g, sh, and 3i from 3f. 4 Distributions of prior years a Applied to underdistributions of prior years	
(provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reason-able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a a b	
9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reason-able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a	
10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) (ii) Distributions Distributions of prior years Distributions	
(i)(ii)(ii)(iii)(iii)Section E - Distribution Allocations (see instructions)1Distributable amount for 2016 from Section C, line 62Underdistributions, if any, for years prior to 2016 (reason- able cause required- explain in Part VI). See instructions3Excess distributions carryover, if any, to 2016:a	
Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-2016Distrib Amount1Distributable amount for 2016 from Section C, line 6 </td <td></td>	
Section E - Distribution Allocations (see instructions)Licess DistributionsPre-2016Amount1Distributable amount for 2016 from Section C, line 6 </th <th>ii)</th>	ii)
1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reason- able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a	outable
2 Underdistributions, if any, for years prior to 2016 (reason- able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: \$ a a Applied to underdistributions of prior years	
able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: s a Applied to underdistributions of prior years	
3 Excess distributions carryover, if any, to 2016: a a b a c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: \$ a Applied to underdistributions of prior years	
a a a b a b c From 2013 a d From 2014 a e From 2015 a f Total of lines 3a through e a g Applied to underdistributions of prior years b h Applied to 2016 distributable amount a i Carryover from 2011 not applied (see instructions) a j Remainder. Subtract lines 3g, 3h, and 3i from 3f. a 4 Distributions for 2016 from Section D, a line 7: \$ a a Applied to underdistributions of prior years a	
bcFrom 2013dFrom 2014eFrom 2015fTotal of lines 3a through egApplied to underdistributions of prior yearshApplied to 2016 distributable amountiCarryover from 2011 not applied (see instructions)jRemainder. Subtract lines 3g, 3h, and 3i from 3f.4Distributions for 2016 from Section D,line 7:\$aApplied to underdistributions of prior years	
c From 2013 Image: Constraint of the section D, line 7: Image: Constraint of the section D, line for years d From 2015 Image: Constraint of the section D, line for years Image: Constraint of the section D, line for years a Applied to underdistributions of prior years Image: Constraint of the section D, line for the section D, line for the section D of the section	
d From 2014	
e From 2015	
f Total of lines 3a through e	
g Applied to underdistributions of prior years Image: Carryover from 2016 distributable amount Image: Carryover from 2011 not applied (see instructions) i Carryover from 2011 not applied (see instructions) Image: Carryover from 2011 not applied (see instructions) Image: Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Image: Carryover from 2016 from Section D, line 7: Image: Carryover from 2016 from Section D, line 7: a Applied to underdistributions of prior years Image: Carryover from 2016 from Section D, line 7: Image: Carryover from 2016 from Section D, line 7:	
h Applied to 2016 distributable amount Image: Carryover from 2011 not applied (see instructions) Image: Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Image: Carryover from 2016 from Section D, form Section Sectin Sectin Section Section Section Section Section Secti	
i Carryover from 2011 not applied (see instructions) i j Remainder. Subtract lines 3g, 3h, and 3i from 3f. i 4 Distributions for 2016 from Section D, line 7: i a Applied to underdistributions of prior years i	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
4 Distributions for 2016 from Section D, line 7: \$ a Applied to underdistributions of prior years	
line 7: \$ a Applied to underdistributions of prior years	
a Applied to underdistributions of prior years	
b Applied to 2016 distributable amount	
c Remainder. Subtract lines 4a and 4b from 4	
5 Remaining underdistributions for years prior to 2016, if	
any. Subtract lines 3g and 4a from line 2. For result greater	
than zero, explain in Part VI. See instructions	
6 Remaining underdistributions for 2016. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions	
7 Excess distributions carryover to 2017. Add lines 3j and 4c	
8 Breakdown of line 7:	
a a a a a a a a a a a a a a a a a a a	
b Excess from 2013	
c Excess from 2014	
d Excess from 2015	
e Excess from 2016	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 THE	FORUM ON	EDUCATION	ABROAD	23-3100062 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F (See instructions.)	1. Provide the exp 3c, 4b, 4c, 5a, 6, 9 and 3; Part IV, Sec	olanations required b a, 9b, 9c, 11a, 11b, a tion E, lines 1c, 2a, 2	y Part II, line 10; Part II, line 17a and 11c; Part IV, Section B, lines b, 3a, and 3b; Part V, line 1; Par	t V, Section B, line 1e; Part V,

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forr	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2016
Denari	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
Interna	I Revenue Service	Information about Schedule D (For	m 990) and its instructions is at www.irs.gov		
Nam	e of the organizati			Emp	loyer identification number
De		THE FORUM ON EDUCAT			23-3100062
Pa		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or A	ACCOUN	ts. Complete if the
	organizatio		(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at er	nd of year		()	
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value a				
5			writing that the assets held in donor advised fu	nds	
	-		exclusive legal control?		Yes No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only	
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring	
	impermissible priv				Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
		n of land for public use (e.g., recreation or e		<i>,</i> ,	
		f natural habitat	Preservation of a certified	historic s	tructure
		n of open space			
2	•	• •	ied conservation contribution in the form of a c		
_	day of the tax year				Held at the End of the Tax Year
a L					
b	-		ucture included in (a)		
c d			after 8/17/06, and not on a historic structure	20	
u				2d	
3			eased, extinguished, or terminated by the orga		during the tax
	year 🕨	,,,			
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserval	tion easer	ments during the year
	►				
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easement	s during the year
-	►\$			-	
8			e satisfy the requirements of section 170(h)(4)(l		Yes No
9			on easements in its revenue and expense state		
9	,	8	tion's financial statements that describes the o	,	,
	conservation ease			garnzatio	
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar	Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balan	ce sheet works of art,
	historical treasures	s, or other similar assets held for public exh	nibition, education, or research in furtherance o	f public s	ervice, provide, in Part XIII,
	the text of the foot	tnote to its financial statements that descri	bes these items.		
b	-		C 958), to report in its revenue statement and		
	treasures, or other	r similar assets held for public exhibition, ec	ducation, or research in furtherance of public se	ervice, pr	ovide the following amounts
	relating to these it				
_	.,				\$
2	It the organization	received or held works of art, historical treat	asures, or other similar assets for financial gain	i, provide	

 b
 Assets included in Form 990, Part X

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

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **a** Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2016

▶ \$

▶ \$

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Assets	s (contii	<u>nued)</u>	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that are a s	ignificant	use of its c	ollection	items	;
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simila	r assets				_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes" o	n Form 99	90, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
	, I 5		5				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fe				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	if the organization and	wered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Fou		
1a	Beginning of year balance	1,578,775.	1,604,846.	1,406,254.		156,088.			125.
b	Contributions	95,000.	120,000.	150,000.		112,000.			000.
	Net investment earnings, gains, and losses	195,806.	-84,969.	85,618.		138,166.	38,166. 8		963.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	72,940.	61,102.	37,026.					
f	Administrative expenses								
g	End of year balance	1,796,641.	1,578,775.		1,	406,254.	1	,156,	088.
2	Provide the estimated percentage of the curr) held as:					
а	Board designated or quasi-endowment	95.32	_%						
	Permanent endowment	%							
С	· · · · · · · · · · · · · · · · · · ·	<u>4.68</u> %							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	id administered for t	he organi	zation			
	by:						0-(1)	Yes X	No
	(i) unrelated organizations						3a(i)	~~~~	x
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tiona liatad aa raguira	d on Sobodulo D2				3a(ii) 3b		
4	Describe in Part XIII the intended uses of the						30		
Par			ment lunus.						
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part X	line 10				
	Description of property	(a) Cost or ot			Accumula	ted	(d) Boo	k valu	
	Description of property	basis (investm	• •		epreciatio		(u) 500	r valu	C
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 10	0c.)					0.
						Cohodula		- 0001	0046

Schedule D (Form 990) 2016

Schedule D	(Form 990) 2016	\mathbf{THE}	FORUM	ON	EDUCATION	ABROAD	
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ENDOWMENT FUND	1,796,641	END-OF-YEAR MARI	KET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,796,641	•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		ne 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>e 15.)</u>		🕨
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li		ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			

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

<u>Sche</u>	dule D (Form 990) 2016 THE FORUM ON EDUCATION A	-			3100062 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,217,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	133,807.		
b	Donated services and use of facilities	2b	86,600.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	220,407.
3	Subtract line 2e from line 1			3	1,997,249.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
с 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	1,997,249.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With			
с 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	ements With			n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With 12a.	Expenses per F		
с 5 Ра	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per F	Returi	n.
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With 12a.	Expenses per F	Returi	n.
c 5 Pai 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With 12a. 2a	Expenses per F	Returi	n.
c 5 Pai 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2a 2b	Expenses per F	Returi	n.
c 5 Pai 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2c	Expenses per F	Returi	n. 2,118,636.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2b 2c 2d	Expenses per F	Returi	n. 2,118,636. 86,600.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 12a. 2a 2b 2c 2d	Expenses per F 86,600.	1	n. 2,118,636.
c 5 Pai 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 12a. 2a 2b 2c 2d	Expenses per F 86,600.	1 2e	n. 2,118,636. 86,600.
c 5 Pai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other statements Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 12a. 2a 2b 2c 2d	Expenses per F 86,600.	1 2e	n. 2,118,636. 86,600.
c 5 Pai 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 12a. 2a 2b 2c 2d 2d	Expenses per F 86,600.	1 2e	n. 2,118,636. 86,600.
c 5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	Expenses per F	1 2e	n. 2,118,636. 86,600. 2,032,036. 0.
c 5 Pau 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	Expenses per F	1 2e 3	n. 2,118,636. 86,600. 2,032,036.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FORUM ON EDUCATION ABROAD HAS INVESTED IN THE DICKINSON COLLEGE

ENDOWMENT FOR THE PURPOSES OF ENHANCING THE GROWTH OF ITS OPERATING

ACCOUNT, WITH THE INTENT THAT THE INCOME OF THE FUND WILL PROVIDE SUPPORT

FOR FORUM ON EDUCATION ABROAD PROGRAMMING.

PART X, LINE 2:

MANAGEMENT HAS ASSESSED THE FORUM'S EXPOSURE TO INCOME TAXES AT THE ENTITY

LEVEL AS A RESULT OF UNCERTAIN TAX POSITIONS TAKEN IN CURRENT AND

PREVIOUSLY FILED TAX RETURNS. EXAMPLES OF TAX POSITIONS TAKEN AT THE

ENTITY LEVEL INCLUDE THE CONTINUING VALIDITY OF ITS EXEMPT ORGANIZATION

STATUS, POTENTIAL FILING REQUIREMENT FOR UNRELATED BUSINESS INCOME AND

Schedule D (Form 990) 2016 THE FORUM ON EDUCATION ABROAD 23-3100062 Page 5 Part XIII Supplemental Information (continued) Continued) Continued
OTHER TAX POSITIONS THAT COULD RESULT IN INCOME TAX LIABILITIES TO THE
FORUM UPON EXAMINATION BY TAXING AUTHORITIES PRESENTLY, MANAGEMENT
BELIEVES THAT IT IS MORE LIKELY THAN NOT ITS TAX POSITION WILL BE
SUSTAINED UPON EXAMINATION, INCLUDING ANY APPEALS AND LITIGATION, SUCH
THAT THE FORUM HAS NO EXPOSURE TO INCOME TAX LIABILITIES FROM UNCERTAIN
TAX POSITIONS. THE FORUM IS SUBJECT TO ROUTINE AUDITS BY TAXING
JURISDICTIONS, HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS
IN PROGRESS.

SCHEDULE I		G	rants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individual	s in the Uni	ted States		2016
Department of the Treasury Internal Revenue Service		-	-	Attach to For	m 990.	www.irs.aov/form99	0.	Open to Public Inspection
Name of the organizati			LION ABROAD					Employer identification number 23-3100062
Part I General In	formation on Grants a							
criteria used to a	ation maintain records t ward the grants or assis	stance?				-		
Part II Grants an	IV the organization's pro d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	Governments. C	Complete if the orga	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and ad	Idress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DICKINSON COLLEGE P.O. BOX 1773 CARLISLE, PA 1701		23-1365954	501(C)(3)	10,000.	0.			SCHOLARSHIP FUND FOR STUDENTS WHO WILL BE STUDYING ABROAD.
2 Enter total numb	er of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table			1	▶ 1.
	er of other organizations							0.
LHA For Paperwork	Reduction Act Notice,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) THE FORUM ON EDUCATION ABROAD

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE GRANT IS MADE TO DICKINSON COLLEGE AND THEN THE DISTRIBUTION OF THE

FUNDS IS LEFT AT THE DISCRETION OF THE COLLEGE. DICKINSON GIVES THE FORUM

A YEARLY UPDATE ON THE STUDENTS AND PROJECTS THAT THE FUNDS HAVE BEEN USED

TO SUPPORT.

23-3100062

Page 2

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on 16 (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service Name of the organization Employer identification number THE FORUM ON EDUCATION ABROAD 23 - 3100062FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FIELD OF EDUCATION ABROAD. THE FORUM'S STANDARDS OF GOOD PRACTICE ARE RECOGNIZED AS THE DEFINITIVE MEANS BY WHICH THE QUALITY OF EDUCATION ABROAD PROGRAMS MAY BE JUDGED. THE FORUM'S 800 INSTITUTIONAL MEMBERS INCLUDE U.S. COLLEGES AND UNIVERSITIES, OVERSEAS INSTITUTIONS, CONSORTIA, AGENCIES, PROVIDER ORGANIZATIONS AND FOUNDATIONS. THE FORUM FOCUSES ON DEVELOPING AND IMPLEMENTING STANDARDS OF GOOD PRACTICE ENCOURAGING AND SUPPORTING RESEARCH INITIATIVES, AND OFFERING EDUCATIONAL PROGRAMS AND RESOURCES TO ITS MEMBERS. ITS MISSION IS TO HELP TO IMPROVE EDUCATION ABROAD PROGRAMS TO BENEFIT THE STUDENTS THAT PARTICIPATE IN THEM. IT IS ACHIEVING THIS GOAL BY ESTABLISHING STANDARDS OF GOOD PRACTICE AND QUALITY ASSURANCE

FORM 990, PART VI, SECTION A, LINE 3:

THE FORUM HAS A MANAGEMENT CONTRACT WITH DICKINSON COLLEGE. UNDER TERMS OF THE MANAGEMENT CONTRACT, THE MANAGEMENT COMPANY PROVIDES OFFICE SPACE AND SUPPORT, PAYROLL AND BENEFITS, AND HUMAN RESOURCE SERVICES.

THE PRESIDENT/CEO OF THE FORUM IS PAID FOR SERVICES TO THE FORUM THROUGH THE MANAGEMENT CONTRACT. THE COMPENSATION AND BENEFITS ALLOCATED TO THE FORUM ARE AS FOLLOWS:

BRIAN WHALEN, PRESIDENT/CEO

COMPENSATION: \$215,999

BENEFITS: \$53,025

Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization THE FORUM	ON EDUCATION ABROAD	Employer identification number 23-3100062
FORM 990, PART VI, SECTI	ON A, LINE 6:	

THERE ARE THE FOLLOWING TYPES OF MEMBERSHIPS: CHARITABLE ORGANIZATION,

INDIVIDUAL, ASSOCIATE MEMBER, INTERNATIONAL INSTITUTION, PROVIDER,

UNDERREPRESENTED, UNIVERSITY SYSTEM, AND US INSTITUTION.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS APPROVE CHANGES TO THE BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF TAX RETURN IS PROVIDED FOR BOARD REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

SUBJECT TO ANNUAL REVIEW AND, IF NECESSARY, UPDATES.

FORM 990, PART VI, SECTION B, LINE 15A:

IT IS THE RESPONSIBILITY OF THE BOARD EXECUTIVE COMMITTEE TO ANNUALLY

REVIEW THE PERFORMANCE OF THE FORUM ON EDUCATION ABROAD'S (THE FORUM) CEO

AND TO RECOMMEND COMPENSATION FOR THE CEO FOR THE SUBSEQUENT YEAR.

COMPENSATION OF THE CEO, FORUM STAFF, AND ADDITIONAL SUPPORT IS NEGOTIATED

ANNUALLY WITH DICKINSON COLLEGE IN CONJUNCTION WITH THE MANAGEMENT

CONTRACT.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE HELD AT THE FORUM'S OFFICE, AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

MANAGEMENT ULTIMATELY BEARS RESPONSIBILITY FOR THE INFORMATION

Schedule O (Form	990 o	r 990-EZ	(2016)							Page
Name of the organ		۱	E FORUM	ON	EDUC	ATION	ABRO	AD		Employer identification number 23-3100062
	T N T									
PRESENTED	ΤΝ	THE	FINANC.	LAL	STAT	EMEN.L.	5 AND	TAX	RETURNS.	

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					or S recritingin	ig number
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identificatio	n number (EIN) or
print						
File by the	THE FORUM ON EDUCATION ABRO				23-310	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s DICKINSON COLLEGE, PO BOX 1		ions.	Social se	curity numbe	r (SSN)
instructions.	City, town or post office, state, and ZIP code. For a for CARLISLE, PA 17013	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above)	06	Form 8870			12
Teleph ● If the o ● If this box ▶ 1 I re for ▶	books are in the care of ▶ DICKINSON COLLER none No. ▶ 717-245-1031 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the organization is for the organization named above. The extension is for the organization named above. calendar year or X tax year beginning JUL 1, 2016 ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Uni Group Exe and atta MAX organizatio	Fax No. ►	f this is fo all memb	r the whole g ers the exten pt organizati	sion is for.
3a lftł	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any			
nor	nrefundable credits. See instructions.			3a	\$	0.
b lftł	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3c	\$	0.
instructio	If you are going to make an electronic funds withdrawal ns.	-		453-EO an		EO for payment
	or i mady Ast and i aper work neutroli Act Notice,	000 1100 0			1 Unit U	

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2017

PREPARED FOR:

THE FORUM ON EDUCATION ABROAD DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013

PREPARED BY:

BOYER & RITTER 1 EAST HIGH STREET CARLISLE, PA 17013

AMOUNT OF TAX:

BALANCE DUE OF \$15

MAKE CHECK PAYABLE TO:

COMMONWEALTH OF PENNSYLVANIA

MAIL TAX RETURN TO:

BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

Pennsylvania **Department of State** Charitable Organization Registration Statement - Form BCO-10 **X** Check if registering voluntarily Certificate Number: 35270 (See note under "important information") (Renewals Only) **Fiscal Year Ended:** 06/30/2017 Employer Identification Number (EIN): 23-3100062 1. Legal name of organization: THE FORUM ON EDUCATION ABROAD Check if name change Previous name: 2. All other names used to solicit contributions: 3. Contact person: BRIAN WHALEN, PRESIDENT Contact's E-mail: WHALENB@DICKINSON.EDU Physical address of organization: (Required) Mailing address: (If different than physical) 233 W. LOUTHER ST. DICKINSON COLLEGE, PO BOX 1773 City: CARLISLE **City:** CARLISLE State: PA **ZIP code:** 17013 State: PA ZIP code: 17013 County: CUMBERLAND 800 number: Phone number: 7172451031 Fax number: 717-245-1677 INFO@FORUMEA.ORG **E-mail** (If different than Contact's E-mail): Website: WWW.FORUMEA.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (*Attach separate sheet if necessary*)

Commonwealth of

Bureau of Charitable Organizations 207 North Office Building Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720 (800) 732-0999 (within PA only) Fax: (717) 783-6014 Website: www.dos.state.pa.us/charities

For Official U	se Only
Approved:	
RF:	
AF:	
LF:	
Fee Received:	

5.	THE FORUM ON EDUCATION ABROAD 23-3100062 For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.) 162.7(a)(1) 162.7(a)(2) 162.7(a)(3) 162.7(a)(4) Not Applicable X
6.	List type of organization (e.g. corporation, association, etc.) : NON-PROFIT CORPORATION Where established: DELAWARE DELAWARE DELAWARE Date established:** 06/01/2001 **(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)
7.	Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No X (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)
	If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents.
	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents:
9.	If organization solicited Pennsylvania residents and received gross * contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. *Includes contributions received both within and outside Pennsylvania
10.	Has organization been granted IRS tax-exempt status? Yes X No (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)
	A. If "Yes", under which IRS code section: 501(C)(3)
	B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No X (If "Yes", attach copy of denial, revocation, or modification.)
11.	Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes X NO ((If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)
12.	A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:
UNIV	PROMOTE HIGH QUALITY AND EFFECTIVE EDUCATION ABROAD PROGRAMS ON BEHALF OF STUDENTS AT US COLLEGES AND VERSITIES THROUGH PROVIDING EDUCATIONAL PROGRAMS, RESOURCES AND TRAINING FOR THE EDUCATIONAL INSTITUTIONS, VLTY AND STAFF, CONSORTIA, AGENCIES, AND ORGANIZATIONS THAT COMPRISE ITS MEMBERSHIP.

THE FORUM ON EDUCATION ABROAD 3. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.)	23-3100062
RANT APPLICATIONS	
4. Is organization registered to solicit contributions in any other state or municipality? (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)	? Yes 📄 No 🔀
5. Names, addresses, and telephone numbers of all professional solicitors you use or contributions from Pennsylvania residents. For each entry, include the beginning ar contracts, and dates Pennsylvania residents were first solicited, or will be solicited:	nd ending dates of all
necessary)	
SEE STATEMENT 1	
6. Names, addresses, and telephone numbers of all professional fundraising counsels to provide services with respect to the solicitation of contributions from Pennsylvar entry, include the beginning and ending dates of all contracts, and dates services b respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet	nia residents. For each began, or will begin, with
SEE STATEMENT 2	
7. Names, addresses, and telephone numbers of any commercial coventurers under o organization:	contract with your
ONE	

	THE FORUM ON EDUCATION		23-3100062
		ated in Pennsylvania, do you	elect to file a combined registration covering
	l of your Pennsylvania affiliates?		
Y	es 🔄 No 🔄 Not Applicab	le I (See note under "impor	tant information")
			iliate organizations: (For each affiliate whose
	parent organization files a Form IRS 9 organization's Form IRS 990 return.))90 group return, it must file a for	rm BCO-23, in addition to filing a copy of the
	<u></u>	parent organization, which See note under "important inform	elected to file a combined registration on ation")
	If "Yes", provide the name and,	if available, certificate # of	your parent organization. (For each affiliate
	whose parent organization files a Forr	m IRS 990 group return, it must f	file a form BCO-23, in addition to filing a
	copy of the organization's Form IRS 9	990 return.)	
	(Legal name of parent organizat	tion)	(Certificate #)
20. D	oes your organization share contri	ibutions or other revenue wi	ith any other nonprofit corporation or
u	nincorporated association? Yes	No X (If "Yes", attac	ch an explanation listing name, address, type of
0	rganization, and relationship to your orga	inization.)	
1. D	oes your organization share forma	Il governance with any othe	r nonprofit corporation or unincorporated
		(If "Yes", attach an explanation I	listing name, address, type of organization, and
re	lationship to your organization.)		
		-	greater interest in your organization?
	es No X (If "Yes", attach the difference of organization, whether organization is the second structure of the second stru		other domestic or foreign organization: name
	d type of organization, whether organizat ganization.)	tion is for-profit or nonprofit, and	relationship of organization to your
		or graatar interact in any oth	er domestic or foreign organization ?
			other domestic or foreign organization: name
	d type of organization, whether organizat		
	ganization.)		
4. Pi	ovide the names and addresses of	of all officers, directors, trust	tees, and principal salaried executive staff
	ficers: (Attach separate sheet if necessa		
	EE STATEMENT 3		
Q			

- 25. Names and addresses for: (Attach separate sheet if necessary)
 - A. Individual(s) in charge of solicitation activities:

BRIAN WHALEN, PRESIDENT

PO BOX 1773 CARLISLE, PA 17013

B. Individual(s) with final responsibility for the custody of contributions:

BRIAN WHALEN, PRESIDENT

PO	BOX	1773	CARLISLE,	PA	17013
----	-----	------	-----------	----	-------

C. Individual(s) with final responsibility for final distribution of contributions:

BRIAN WHALEN, PRESIDENT

PO BOX 1773 CARLISLE, PA 17013

D. Individual(s) responsible for custody of financial records:

BRIAN WHALEN, PRESIDENT

PO BOX 1773 CARLISLE, PA 17013

- 26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:
 - A. Any other officer, director, trustee, or employee? Yes X NO SEE STATEMENT 4
 - B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No X
 - C. Any supplier or vendor providing goods or services? Yes No X
- 27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:
 - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No X
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No X
 - C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No X

THE FORUM ON EDUCATION ABROAD

23-3100062

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Signature of Chief Fiscal Officer	Date
BRIAN WHALEN, PRESIDENT, CEO Type or Print Name and Title of Chief Fiscal Officer Signature of Another Authorized Officer ANNETTE SMITH PARKER, TREASURER Type or Print Name and Title of Another Authorized Officer	Date
Type of Print Name and The of Another Admonized Officer	Checklist X Original Registration Statement Properly Signed and Dated X A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer Form BCO-23, if Required X Applicable Financial Statements X Registration Fee and any Late Filing Fees Additional Filings, if an Initial Registrant

FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
NONE		
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT I	DATE
FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2
	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2 PHONE NUMBER
FORM BCO-10 NAME AND ADDRESS NONE	PROFESSIONAL FUNDRAISING COUNSELS	

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	3
NAME AND ADDRESS				TITI	ĿΕ		
BRIAN WHALEN DICKINSON COLLEGE CARLISLE, PA 170	· .	773		PRES	IDENT		
NAME AND ADDRESS				TITI	Ε		
MARY ANNE GRANT DICKINSON COLLEGE CARLISLE, PA 170		773		CHAI	R		
NAME AND ADDRESS				TITI	E		
JOY GLEASON CAREW DICKINSON COLLEGE CARLISLE, PA 170	, PO BOX 1	773		BOAR	D MEMBER		

THE FORUM ON EDUCATION ABROAD	
NAME AND ADDRESS	TITLE
ENDA CARROLL DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
NAME AND ADDRESS	TITLE
JOHN LUCAS, PH.D. DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
NAME AND ADDRESS	TITLE
PAUL J. MCVEIGH, PH.D. DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
NAME AND ADDRESS	TITLE
SUSAN POPKO DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	SECRETARY
NAME AND ADDRESS	TITLE
GREGG KVISTAD DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	VICE CHAIR
NAME AND ADDRESS	TITLE
BRUCE SILLNER DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
NAME AND ADDRESS	
ANNETTE SMITH PARKER DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	TREASURER
NAME AND ADDRESS	TITLE
PATRICIA H. SCROGGS DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
NAME AND ADDRESS	TITLE
DONNA SCARBORO DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
NAME AND ADDRESS	TITLE
THOMAS M. BUNTRU DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER

23 - 3100062

FORM BCO-10 RELATED OFFICER, DIRECTOR, TRUSTEE, EMPLOYEE STATEMENT 4

NAME AND ADDRESS

BRIAN WHALEN PO BOX 1773 CARLISLE, PA 17013

BUSINESS

PRESIDENT

NAME AND ADDRESS

ANNE MARIE WHALEN PO BOX 1773 CARLISLE, PA 17013

BUSINESS

VICE PRESIDENT FOR PROGRAMS & RESOURCES