NOVEMBER 7, 2018

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

THE FORUM ON EDUCATION ABROAD:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2017 FORM 990

2017 PENNSYLVANIA FORM BCO-10

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CHARLES R. NEBEL, JR., CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

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

PREPARED BY:

BOYER & RITTER, LLC 1 EAST HIGH STREET CARLISLE, PA 17013

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

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.

GOVERNMENT COPY

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	-	_			
or calendar year 2017, or fiscal year beginning	JUL 1	$_{ m l}$, 2017, and ending	JUN	30	, 20 18

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

2017

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number THE FORUM ON EDUCATION ABROAD 23-3100062 Name and title of officer JON BOOTH INTERIM EXECUTIVE DIRECTOR 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** _____ **2** , **021** , **895**. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here 3a Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here **b Balance Due** (Form 8868, line 3c) **5b** 5a Form 8868 check here ▶ 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 2017 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 | authorize BOYER & RITTER, LLC to enter my PIN ERO firm name Enter five numbers, but as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to 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 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 25167617013 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date
_ **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2017 Open to Public Inspection

OMB No. 1545-0047

Α	For the	2017 calendar year, or tax year beginning $\exists \cup \cup \perp 1$, $z z \cup 1$ and	ل ending	UN 30, 20	178				
В	Check if applicable:	C Name of organization		D Employer ide	entification	n number			
	Address change	THE FORUM ON EDUCATION ABROAD							
	Name change	Doing business as		23	3-3100	062			
	Initial return	,	Room/suite						
	Final return/	DICKINSON COLLEGE, PO BOX 1773		71	L72451				
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		2,021,895.			
L	Amende	CARDISDE, FA 1/013		H(a) Is this a gro					
L	Applica tion pending			for subordir					
_		SAME AS C ABOVE		H(b) Are all subordir					
		mpt status: X 501(c)(3)	or 527	1	-	see instructions)			
		e: ► WWW.FORUMEA.ORG		H(c) Group exer					
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 200	J⊥ M State	e of legal domicile: PA			
•		Briefly describe the organization's mission or most significant activities: MEMBI	FRSHTD	ORGANITZA	י מסדת	тнат тс			
ဗ	1 E	THE STANDARDS DEVELOPMENT ORGANIZATION FO				111111 10			
Governance	2	Check this box if the organization discontinued its operations or dispos							
Ver	3 1				3	13			
ဇ္	4 1	Sumber of independent voting members of the governing body (Part VI, line 1b)			4	13			
Activities &	5 5	otal number of individuals employed in calendar year 2017 (Part V, line 2a)			5	0			
jŧ	6 1	otal number of volunteers (estimate if necessary)			6	180			
ÇÈ	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
_	b N	let unrelated business taxable income from Form 990-T, line 34			7b	0.			
				Prior Year		Current Year			
Φ	8 (Contributions and grants (Part VIII, line 1h)		5,20		5,200.			
ž	9 F	Program service revenue (Part VIII, line 2g)		1,929,80		1,948,852.			
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		62,24	4.	67,843.			
<u> </u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,997,24		2,021,895.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,00	0.	10,000.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.				
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.			
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0.	0.			
Ž X	b 1	otal fundraising expenses (Part IX, column (D), line 25) 73,06		2 022 02	16	2 270 045			
	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,022,03 2,032,03		2,278,045.			
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-34,78		2,288,045. -266,150.			
		Revenue less expenses. Subtract line 18 from line 12		· · · · · · · · · · · · · · · · · · ·					
ts o	20 T	otal assets (Part X, line 16)	Ве	ginning of Current Y 2,325,61		End of Year 2,476,360.			
Net Assets or	21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		601,74		943,296.			
let/	22	let assets or fund balances. Subtract line 21 from line 20		1,723,86		1,533,064.			
P	art II	Signature Block							
Und	ler penali	ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best	of my know	ledge and belief, it is			
		and complete. Declaration of preparer (other than officer) is based on all information of wh			,	,			
Sig	n	Signature of officer		Date					
Hei	I	JON BOOTH, INTERIM EXECUTIVE DIRECTOR							
_		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Che		PTIN			
Pai	d C	CHARLES R. NEBEL, JR., CP		self		00143823			
	· -	Firm's name ► BOYER & RITTER, LLC		Firm's Ell	N ▶ 23	-1311005			
Use	Only	Firm's address 1 EAST HIGH STREET							
_		CARLISLE, PA 17013		Phone no		49-3414			
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE FORUM ON EDUCATION ABROAD IS THE HIGHER EDUCATION ASSOCIATION FOR
	EDUCATION ABROAD. A 501(C) (3) NON-PROFIT ASSOCIATION, THE FORUM IS
	RECOGNIZED BY THE U.S. DEPARTMENT OF JUSTICE AND THE FEDERAL TRADE
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 847,276 • including grants of \$ 10,000 •) (Revenue \$ 676,115 •)
	THROUGH ITS MANY WORKSHOPS AND ITS PROFESSIONAL CERTIFICATION PROGRAM,
	THE FORUM TRAINS AND EDUCATES HUNDREDS OF COLLEAGUES EACH YEAR IN BEST
	PRACTICES, AND BY DOING SO HELPS TO IMPROVE THE EDUCATION ABROAD FIELD
	FOR THE BENEFIT OF STUDENTS. IN FY 2018, OVER 650 PEOPLE PARTICIPATED
	IN WORKSHOPS AND OVER 219 WERE ENROLLED IN THE PROFESSIONAL
	CERTIFICATION PROGRAM, REPRESENTING 140 MEMBER ORGANIZATIONS AND 6
	COUNTRIES. THE FORUM'S QUALITY IMPROVEMENT PROGRAM HAD 12 INSTITUTIONS
	PARTICIPATING IN REVIEWS.
4b	(Code:) (Expenses \$630,935. including grants of \$) (Revenue \$)
	THROUGH CONVENING EVENTS AND CONFERENCES, THE FORUM OFFERS
	OPPORTUNITIES FOR DISCUSSION, LEARNING AND NETWORKING. OVER 2,000
	PEOPLE ATTENDED THE FORUM'S CONFERENCES, INSTITUTES, WORKSHOPS,
	WEBINARS THIS PAST YEAR. THE FORUM ANNUAL CONFERENCE IS THE LARGEST
	EDUCATION ABROAD GATHERING AND THE SIGNATURE EVENT OF THE FORUM. IN
	LATE MARCH IN BOSTON, OVER 1,450 PEOPLE ATTENDED THIS EVENT.
	200 406
4c	(Code:) (Expenses \$ 322,186. including grants of \$) (Revenue \$ 273,595.)
	THE FORUM'S PROGRAMS AND RESOURCES OFFER IMPORTANT DATA AND ANALYSIS,
	QUALITY ASSURANCE TOOLS, AND PUBLICATIONS AND ONLINE RESOURCES TO HELP
	INSTITUTIONS TO ADVANCE THEIR EDUCATION ABROAD PROGRAMS. HIGHLIGHTS
	INCLUDED THE PUBLICATION OF THE BIANNUAL STATE OF THE FIELD SURVEY AND
	THE INSURANCE CLAIMS DATA REPORT. IN 2017-18 VISITS TO THE FORUM WEB
	SITE INCREASED BY 1%.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,800,397.

Form 990 (2017) THE FORUM ON EDUCATION ABROAD Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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	in roo, complete conceans 2,			
	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		3.7	
	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	١		v
	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	١		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	in 100, complete constant p, r are x	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	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	40-	х	
L	Schedule D, Parts XI and XII	12a	- 22	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		Х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 1 1		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
		_		

Form 990 (2017) THE FORUM ON 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		X
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	X	
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
	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		
	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? If "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			X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		Α_
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		25
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JŁ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00	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	50		
-	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2017) THE FORUM ON EDUCATION ABROAD Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
	ı	1 00		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report			37	
	(gambling) winnings to prize winners?	 T	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	•			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				37
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized to the control of the cont				х
	financial account in a foreign country (such as a bank account, securities account, or other financial acco	unt)?	4a		Λ
D	If "Yes," enter the name of the foreign country:	unto (EDAD)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts the properties a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5a 5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		- 25
C 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have greater than \$1		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	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 services	provided to the payor?	7a		Х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	ı			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	8899 as required?	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			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			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:	_1			
	Initiation fees and capital contributions included on Part VIII, line 12				
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ы			
	Gross income from members or shareholders 11	a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	-			
~	amounts due or received from them.)	b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	1			
	organization is licensed to issue qualified health plans	b			
	Enter the amount of reserves on hand	c			
			14a		<u> X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	000	
			Earm	990	12017

Form 990 (2017) THE FORUM ON EDUCATION ABROAD 23-3100062 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						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	1	3			
	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	1	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3	X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X	
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		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				
	persons other than the governing body?			7b	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
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 rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			,		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	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 bod	y before	e 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			12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," de	escribe				
	in Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a	Х		
b	Other officers or key employees of the organization			15b		X	
	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 arrange	nent wi	th a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶PA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section	on 501(c)(3)s only)	available	е		
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain	n in Sch	edule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			d financ	ial		
	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 bo	oks and	records:				
	MICHAEL LANDIS - 717-245-1031						
	DICKINSON COLLEGE CARLISLE PA 17013						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do		Pos		1 than e	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer an	a a a	irecto	or/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2/ 1033 1/1100)		and related
	below	dualt	ution	-	Key employee	st co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) MARY ANNE GRANT	2.00									
CHAIR		Х		Х				0.	0.	0.
(2) JOY GLEASON CAREW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) ENDA CARROLL	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(4) SUSAN POPKO	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) PAUL J. MCVEIGH, PH.D.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) BRUCE SILLNER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KERRY J. EDMONDS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) PATRICIA H. SCROGGS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DONNA SCARBORO	1.00							_		_
BOARD MEMBER		Х						0.	0.	0.
(10) THOMAS M. BUNTRU	1.00							_		_
BOARD MEMBER		Х						0.	0.	0.
(11) ANNETTE SMITH PARKER	1.00							_		_
TREASURER		Х		Х				0.	0.	0.
(12) NICK J. GOZIK, PH.D.	1.00							_		_
BOARD MEMBER		Х				_		0.	0.	0.
(13) JOHN LUCAS, PH.D.	1.00									
BOARD MEMBER	40.00	Х				_		0.	0.	0.
(14) BRIAN WHALEN	40.00								•	•
PART YR PRESJULY '17-MAY '18	40.00			X	_	_		0.	0.	0.
(15) JON BOOTH	40.00								0	0
PART YR INTERIM ED & PRES. APRIL -JU			\vdash	Х		\vdash		0.	0.	0.
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						\vdash				
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						1				

732007 11-28-17 Form **990** (2017)

(A) Average hours per very per least and the proper per least and the per least and	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	Hiç	ghes	t C	ompensated Employee	s (continued)				
to the compensation from the organization below lines in and telescent or the organization from the organization or the organization from the organization or the organization or the organization from the organization or the organization from the organization or the organization or the organization from the organization or the organization organiz	(A)	(B)							(D)	(E)			(F)	
The Sub-total properties that the comprehensation from the compensation of the compensation from the compensation of the compensation from the compensation of the compensation from the compensation	Name and title	Average	(do					no	Reportable	Reportable	,	Es	stimate	ed
Sub-total		hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	on l	ar	nount	of
thours for related organizations below line) 1		week	offi	cer an	id a di	irecto	r/trus	tee)	from	from related	l t		other	
the Sub-total		(list any	ctor						the	organization	ıs	com	pensa	tion
the Sub-total		1	r dire				ped		organization	(W-2/1099-MIS	SC)	fr	om the	Э
the Sub-total		1	stee c	ruste			ensa		(W-2/1099-MISC)					
the Sub-total		"	altrus	nal tr		oyee	omp.					an	d relate	ed
the Sub-total		1	vidua	itutio	cer	emp	hest	mer				orga	anizatio	วทร
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O		line)	lu	lust	0#i	Key	F	For						
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compensation from the organization Solid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A)	d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual nand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation DICKINSON COLLEGE 28 N COLLEGE STREET, CARLISLE, PA 17013 STAFFING SERVICES 1,016,554.	2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Dickinson College 28 N College Street, Carlisle, PA 17013 Staffing Services 1,016,554.	compensation from the organization													0
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes." complete Schedule J for s	uch individual										3		X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	•													
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		•							-	•		4		Х
rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation DICKINSON COLLEGE 28 N COLLEGE STREET, CARLISLE, PA 17013 STAFFING SERVICES 1,016,554.														
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation DICKINSON COLLEGE 28 N COLLEGE STREET, CARLISLE, PA 17013 STAFFING SERVICES 1,016,554.	• •	•				•			•			5		Х
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DICKINSON COLLEGE 28 N COLLEGE STREET, CARLISLE, PA 17013 STAFFING SERVICES 1,016,554. 2 Total number of independent contractors (including but not limited to those listed above) who received more than		address								ervices) Anmoe	رر) neatio	n
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2 Total number of independent contractors (including but not limited to those listed above) who received more than		T.C.T. D.	7	1 7	Λ1	2		l	CM3 DDING CDD	77.000	1	0.1	с г	- 4
4	28 N COLLEGE STREET, CARL	ISLE, P	A	Ι/	U I	3		_	STAFFING SER	VICES		<u>, U T</u>	0,5	<u> </u>
4											ı			
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4											ı			
4								_						
4											1			
4														
4														
			ot lin	nited	to t	_		ted	above) who received mo	ore than				

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		Check if Schedule O conta	ains a response	or note to anv lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ìrar our	b	Membership dues	1b					
is, (Am	С	Fundraising events						
Giff	d	J						
ns, Sim		3						
utio er (f	All other contributions, gifts, grant		F 200				
jë H		similar amounts not included abov		5,200.				
Contributions, Gifts, Grants and Other Similar Amounts	g				5,200.			
Oa	n	Total. Add lines 1a-1f		Business Code	-			
•	2 a	FORUM CONFERENCE	E	611430	999,142.	999,142.		
vic.		VENDED CITED		611430	676,115.	676,115.		
Ser	c	EDUCATIONAL PRO	GRAMS	611430	273,595.	273,595.		
am	d				,	,		
Program Service Revenue	е							
Ţ	f	All other program service rever	nue	611430				
	g				1,948,852.			
	3	Investment income (including			6			
		other similar amounts)			67,843.			67,843.
	4	Income from investment of tax		•				
	5	Royalties						
	•	0	(i) Real	(ii) Personal				
		Less: rental expenses Rental income or (loss)						
	c d							
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(,) 233411133	(, 5 15.				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
nue	8 a	Gross income from fundraising including \$	`					
Other Revenu		contributions reported on line	1c). See					
er P		Part IV, line 18						
ğ		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
	h	Part IV, line 19						
		Net income or (loss) from gam						
		Gross sales of inventory, less i						
		and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory	>				
		Miscellaneous Revenue	e	Business Code				
	11 a							
	b							-
	c							
	d	All other revenue						
	e 12	Total Add lines 11a-11d			2.021.895.	1 948 852	0.	67 843.

Form 990 (2017) THE FORUM ON EDUCATE 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 respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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):				
а	Management	1,195,485.	953,993.	168,430.	73,062.
b	Legal				-
С	Accounting	8,940.		8,940.	
d	Lobbying	·		·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,912.		11,912.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	164,034.	28,503.	135,531.	
12	Advertising and promotion	23,687.	23,687.		
13	Office expenses	85,112.	15,417.	69,695.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	41,608.	41,608.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	585,028.	568,364.	16,664.	
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 Schedule 0.)	60.000	60.000		
a	WORKSHOP/WEBINAR EXPENS	62,998.	62,998.		
b	QUIP PROGRAM	33,313.	33,313.		
C	PRINTING AND REPRODUCTI	31,863. 27,498.	31,863. 27,498.		
d		6,567.	3,153.	3,414.	
	All other expenses Add lines 1 through 24s	2,288,045.	1,800,397.	414,586.	73,062.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,400,045.	1,000,39/.	414,300.	13,002.
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

Form 990 (2017)
Part X Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		281,065.	1	150,416.
	2	Savings and temporary cash investments		203,342.	2	203,684.
	3	Pledges and grants receivable, net		20,000.	3	0.
	4	Accounts receivable, net		13,253.	4	196,045.
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr).	·		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		4,658.	8	8,890.
	9	B		6,654.	9	8,890. 47,248.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b				10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1,796,641.	12	1,870,077.	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	2,325,613.	16	2,476,360. 382,361.	
	17	Accounts payable and accrued expenses		273,724.	17	382,361.
	18	Grants payable		18		
	19	Deferred revenue		328,023.	19	560,935.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Ě		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
				CO1 747	25	042 206
	26		77	601,747.	26	943,296.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an		1 615 157		1 425 774
anc	27	Unrestricted net assets		1,615,157.	27	1,435,774.
Bal	28		·····	100,709.	28	91,490.
2	29				29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here			
o or		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		1,723,866.	32	1 533 064
_	33	Total net assets or fund balances			33	1,533,064.
	34	Total liabilities and net assets/fund balances .		2,325,613.	34	2,476,360.

Form **990** (2017)

Pai	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	2	,02	1,8	95.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	, 288	3,0	45.	
3							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5							
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	,53	3,0	64.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
	•				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	 Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	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	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						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?					х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	tit	3a			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3h			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

van	ne of t	the organization	EODIN ON E	DIIGAMTON ADD	\ 7 D				a 21000C0	ıber
Da	rt I	Reason for Public (DUCATION ABRO		:			3-3100062	
							e instructions			
	organ	ization is not a private found								
1	\mathbb{H}	A church, convention of ch	*				I)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative	. •				•	F .		
4		A medical research organiz	ation operated in coi	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		liege or university owned	or operate	ed by a go	vernmentai ur	nit describe	ea in	
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov	ū				• •			
7		An organization that norma	-	ntial part of its support fr	om a gove	ernmental i	unit or from th	ie general p	oublic described in	
_		section 170(b)(1)(A)(vi). (C								
8	\mathbb{H}	A community trust describe								
9		An agricultural research org				-		_	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city,	, and state of	the college	or	
40	₹	university:	III	H 00 4 /00/ 5 **					d	
10	X	An organization that norma	•							
		activities related to its exen	-	•					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquir	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Con	•				201 111			
11		An organization organized a	•	•	•					
12		An organization organized a	•	•	-			•	•	
		more publicly supported or	-						Sheck the box in	
_		lines 12a through 12d that	* *					-	air da a	
а			· · · · · · · · · · · · · · · · · · ·			_			-	
		the supported organization			пајопцу о	n trie direc	iors or trustee	es or the st	pporting	
h		organization. You must o	-		ion with it	o ounnorto	d organization	a(a) by bay	ina	
b			•				-		-	
		control or management o organization(s). You mus			ine persor	iis iiiai coi	illioi or manaç	ge trie supp	orted	
С		Type III functionally inte	•		in connoct	tion with a	and functional	ly intograto	d with	
·		its supported organization						iy ii itegrate	a with,	
d		Type III non-functionally		·				ted organis	ration(e)	
u	_	that is not functionally int						-		
		requirement (see instructi	-		•		-	arrattoritiv	01033	
۵		Check this box if the orga	,	•	•			I Type III		
·		functionally integrated, or					турст, турст	i, i ypc iii		
f	Ente	er the number of supported of	vaanizationa	many integrated supporting						
a		vide the following information	•							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of oth	er
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructi	ons)

<u>Total</u>

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.						
Sec	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in) ► 📙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop	here Do					>
Sec	ction C. Computation of Public	Support Per	centage				
	Public support percentage for 2017 (lin		•	***		14	<u>%</u>
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the or	-			14 is 33 1/3% or m	nore, check this box	k and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2016. If the or						
4-	and stop here. The organization qualif						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fact			=			
	meets the "facts-and-circumstances" to						
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the				-		
40	organization meets the "facts-and-circu		-				P
18	Private foundation. If the organization	ı aıa not check a	pox on line 13, 16	oa, 160, 1/a, or 17b	o, cneck this box a	ind see instructions	· P

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	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not				_	_	
	include any "unusual grants.")	1,073.	72,061.	72,278.	5,200.	5,200.	155,812.
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	1404517.	1855751.	1741527.	1929805.	1948852.	8880452.
3	Gross receipts from activities that are not an unrelated trade or business 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						
6	Total. Add lines 1 through 5	1405590.	1927812.	1813805.	1935005.	1954052.	9036264.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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.
8	Public support. (Subtract line 7c from line 6.)						9036264.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	1405590.	1927812.	1813805.	1935005.	1954052.	9036264.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,176.	37,792.	52,272.	62,244.	67,843.	244,327.
k	Unrelated business taxable income (less section 511 taxes) from businesses	·		·	·	·	
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	24,176.	37,792.	52,272.	62,244.	67,843.	244,327.
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.)	1429766.	1965604.	1866077.	1997249.	2021895.	9280591.
14	First five years. If the Form 990 is for	-			-		
	check this box and stop here						>
	ction C. Computation of Publi					[07 27
	Public support percentage for 2017 (li					15	97.37 % 97.90 %
	Public support percentage from 2016 ction D. Computation of Inves					16	97.90 %
	•			e 13 column (f)		17	2.63 %
	Investment income percentage for 20 Investment income percentage from 2			e 13, column (t))		18	$\frac{2.63}{2.10}$ %
	33 1/3% support tests - 2017. If the	•					
	more than 33 1/3%, check this box ar						▶ ▼
k	33 1/3% support tests - 2016. If the	=	-		• •		
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

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.)

	Yes	No
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4 -		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		
990 or 99	0-EZ	2017

Par	t 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)			
		1a		
h		1b		
	• • • • • • • • • • • • • • • • • • • •	1c		
Sect	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	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,	2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	aon o. Type ii cupporting organizatione		Yes	No
4	Ways a majority of the avgoritation's divertors by twisters during the toy year along a majority of the divertors		162	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	4		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	non b. All Type III Supporting Organizations		V	
	Did the constitution and the test of the constitution is the fact that the fifth constitution		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			
_	, , , , , , , , , , , , , , , , , , , ,	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 cross 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			
C1	supported organizations played in this regard.	3		
	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).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions),		
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 is not desirable desirable desirable.	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			
	asimbos sucher the organization of months.	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			
	11 0 170743 4514115 17	Ba		
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		

Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	C	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ctions A through E.	
Sect	ion A - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net sh	ort-term capital gain	1		
2	Recove	eries of prior-year distributions	2		
3	Other o	gross income (see instructions)	3		
4	Add lin	nes 1 through 3	4		
5	Depred	ciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or				
	collect	tion of gross income or for management, conservation, or			
	mainte	enance of property held for production of income (see instructions)	6		
7	Other 6	expenses (see instructions)	7		
8	Adjust	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - I	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggreo	gate fair market value of all non-exempt-use assets (see			
	instruc	ctions for short tax year or assets held for part of year):			
а	Averag	ge monthly value of securities	1a		
b	Averag	ge monthly cash balances	1b		
С	Fair ma	arket value of other non-exempt-use assets	1c		
d	Total ((add lines 1a, 1b, and 1c)	1d		
е	Discou	unt claimed for blockage or other			
	factors	s (explain in detail in Part VI):			
2	Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3	Subtra	act line 2 from line 1d	3		
4	Cash c	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see ins	structions)	4		
5	Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multipl	ly line 5 by .035	6		
7	Recove	eries of prior-year distributions	7		
8	Minim	um Asset Amount (add line 7 to line 6)	8		
Sect	ion C -	Distributable Amount			Current Year
1	Adjust	ed net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 8	85% of line 1	2		
3	Minimu	um asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter o	greater of line 2 or line 3	4		
5	Income	e tax imposed in prior year	5		
6	Distrib	outable Amount. Subtract line 5 from line 4, unless subject to			
	emerge	ency temporary reduction (see instructions)	6		
7		Check here if the current year is the organization's first as a non-functionall	y integrate	ed Type III supporting orga	anization (see
	i	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	1 v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ)	2017 THE	FORUM	ON	EDUCAT	ION	ABROAD		23-310006		Page 8
Part VI	Supplemental II Part IV, Section A, lii	nformatior nes 1, 2, 3b, 3 on D, lines 2 a	Provide the sc, 4b, 4c, 5a, nd 3; Part IV,	e expl 6, 9a Secti	anations requal, 9b, 9c, 11a, on E, lines 1c	uired by , 11b, a c, 2a, 2	y Part II, line 10; and 11c; Part IV b, 3a, and 3b; P	, Section B, lines Part V, line 1; Part	or 17b; Part III, line 12 1 and 2; Part IV, Sect V, Section B, line 1e; onal information.	; ion (Ο,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE FORUM ON EDUCATION ABROAD

Employer identification number 23-3100062

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	()	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?	, , , ,	
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements it \boldsymbol{h}	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	·
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	es the organization's accounting for
D	conservation easements.	Aut Historiaal Tussaanus au 4	Other Circilar Assats
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhil	,	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	oublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			' -
2	If the organization received or held works of art, historical treas		cial gain, provide
	the following amounts required to be reported under SFAS 110	-	
а	Revenue included on Form 990, Part VIII, line 1		> \$
_	Assets included in Form 900, Part Y		. .

	t III Organizations Maintaining Coll	ections of Art	. Historical Tre	asures. or Othe	r Simila	r Assets	(contin	()	ige –
3	Using the organization's acquisition, accession,						,		
Ū	(check all that apply):	and other records	, or core any or the r	ollowing that are a s	igi iiiodi ic c	100 01 110 0	Onconon	1101110	
а	Public exhibition	d	Loan or evol	hange programs					
b									
C	Preservation for future generations	e							
4	Provide a description of the organization's collections	ctions and evaluin	how thoy further th	o organization's ovo	mnt nurna	co in Part	VIII		
5	During the year, did the organization solicit or re	•	•	•		se iii rait	AIII.		
3	to be sold to raise funds rather than to be maint						Yes		No
Par	t IV Escrow and Custodial Arrange								INO
ı uı	reported an amount on Form 990, Part X		te ii trie organizatio	iranswered res or	ii Foiiii 990	, Fait IV, i	irie 9, or		
	Is the organization an agent, trustee, custodian		any for contributions	or other assets not	included				
ıu							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and						_ 1 C3] 140
b	ii res, explain the analigement iiii art Alli and	Complete the lon	owing table.				Amoun	+	
_	Beginning balance				1c		Amoun	L	
c d									
e	Additions during the year								
	Distributions during the year								
f 2a	Ending balance						Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII. Ch		*] NO
Par									
			(b) Prior year	(c) Two years back		voare back	(a) Four	- voore	hack
10									
1a	Beginning of year balance 1,796,641. 1,578,775. 1,604,846. 1,406,254. 1,156,088. b Contributions 10,000. 95,000. 120,000. 150,000. 112,000.								
_									
	d Grants or scholarships								
е	Other expenditures for facilities	79,412.	72,940.	61,102.		37,026.			
_	and programs	75,412.	72,540.	01,102.		37,020.			
	Administrative expenses	1,870,077.	1,796,641.	1,578,775.	1 6	04,846.	1	,406,	25/
g	End of year balance				1,0	04,040.		, 400,	231.
2	Provide the estimated percentage of the current	95.35) rieid as.					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	% 65 %							
С	· · · · · · · · · · · · · · · · · · ·								
0-	The percentages on lines 2a, 2b, and 2c should	•	dana dia akaman bankalar	al and a factor to the control of a control					
за	Are there endowment funds not in the possession.	on of the organizat	tion that are held an	id administered for t	ne organiz	ation	ſ	,,]	
	by:						0-0	Yes X	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations	- Cakadaa waxaa daa					3a(ii)	-	
	If "Yes" on line 3a(ii), are the related organization						3b		
4 Par	Describe in Part XIII the intended uses of the org		rment tunas.						
ı uı			Dort IV line 11e C	as Form OOO Dort V	line 10				
	Complete if the organization answered "					1	(-I) D		
	Description of property	(a) Cost or ot basis (investm		' '	Accumulate epreciation		(d) Boo	k value	Э
	Land	ווועפטנווו) פופשע	Dasis i	(Ourier) de	-preciation			—	
_	Land								
b	Buildings							—	
С.	Leasehold improvements								
d	Equipment								
	Other	<u> </u>		I		_			0.
I OTA	And lines 12 through 16 (Column (d) must sauce	V Larm DOA Dart V	(calumn (D) lina 11	10.1					U -

Schedule D (Form 990) 2017			EDUCATION	ABRUAD	23-3100062
Part VIII Investments - (Other Secur	ities.			

(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) ENDOWMENT FUND (B) (C) (D) (D) (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	Complete if the organization answered "Yes" or				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(3) Other (3) ENDOWMENT FUND 1,870,077. END-OF-YEAR MARKET VALUE	(1) Financial derivatives				
A ENDOWMENT FUND	(2) Closely-held equity interests				
G C C C C C C C	(3) Other				
C C C C C C C C	(A) ENDOWMENT FUND	1,870,077.	END-OF-Y	EAR MARKET	VALUE
Discription					
Complete if the organization answered "Yes" on Form 990, Part X, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the orga					
Fig. Col. (b) must equal Form 990, Part X, col. (B) line 12. Part Vill Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
(G) (H) (H) (Fibal, (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (Part VIII) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (2) (2) (3) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (2) (2) (3) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Total. ((c) (b) must equal Form 990, Part X, col. (B) line 12)					
New Street Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X. line 13.		1 070 077			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Good of valuation: Cost or end-of-year market value (e) Good of valuation: Cost or end-of-year market value (f) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Book value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Book value (g) Good of valuation: Cost or end-of-year market value (g) Book value (g) Good of valuation: Cost or end-of-year market value (g) Book value (g) Good of valuation: Cost or end-of-year market value (g) Book value (g) Good of valuation: Cost or end-of-year market value (g) Book value (g) Good of valuation: Cost or end-of-year market value (g) Book value (g) Good of valuation: Cost or end-of-year market value (g) Book value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-of-year market value (g) Good of valuation: Cost or end-		1,0/0,0//.			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)		5 000 D 1 N / I'	44 0 5 000 1		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete lif the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Port X Other Liabilities. Complete lif the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete lif the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					Lof-vear market value
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶					
		25.)			
		•	the organization's fir	nancial statements the	nat 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

Part	Reconciliation of Revenue per Audited Financial State	ments With F	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	2,179,129.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	75,348. 81,886.		
	Donated services and use of facilities		81,886.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	157,234.
3	Subtract line 2e from line 1			3	157,234. 2,021,895.
	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			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	2,021,895.
Part	Reconciliation of Expenses per Audited Financial State		Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	2,369,931.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	81,886.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	81,886.
3	Subtract line 2e from line 1			3	2,288,045.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	0.
5 Dari	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) * XIII Supplemental Information.			5	2,288,045.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			; Part X	K, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
יסגס	T V T.TNF Λ·				
PAR	PART V, LINE 4:				
тиг	THE FORUM ON EDUCATION ABROAD HAS INVESTED IN THE DICKINSON COLLEGE				
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	OWNER TON THE TONE OPEN OF ENIMETING THE	GILOWIII	OI IID OID	14111	1110
ACC	OUNT, WITH THE INTENT THAT THE INCOME OF	THE FUN	D WILL PRO	VIDE	SUPPORT
	0011, 1111 1111 1111111 1111 11100111 01				2 20110111
FOR	FORUM ON EDUCATION ABROAD PROGRAMMING.				
PAR'	T X, LINE 2:				
MAN	AGEMENT HAS ASSESSED THE FORUM'S EXPOSUF	RE TO INC	OME TAXES	AT 1	THE ENTITY
LEV	EL AS A RESULT OF UNCERTAIN TAX POSITION	IS TAKEN	IN CURRENT	ANI	
			-		
PRE	VIOUSLY FILED TAX RETURNS. EXAMPLES OF	TAX POSI	TIONS TAKE	N A	THE
ENT	ITY LEVEL INCLUDE THE CONTINUING VALIDIT	Y OF ITS	EXEMPT OR	GAN]	ZATION

STATUS, POTENTIAL FILING REQUIREMENT FOR UNRELATED BUSINESS INCOME AND

Part XIII Supplemental Information (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 (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

2017
Open to Public Inspection

Employer identification number Name of the organization 23-3100062 THE FORUM ON EDUCATION ABROAD Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) SCHOLARSHIP FUND FOR DICKINSON COLLEGE P.O. BOX 1773 STUDENTS WHO WILL BE 23-1365954 501(C)(3) 0 STUDYING ABROAD. CARLISLE, PA 17013 10,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(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
art IV Supplemental Information. Provide the information	tion required in Part I, line	e 2; Part III, columr	n (b); and any other ad	ditional information.	
RT I, LINE 2:	·				
E GRANT IS MADE TO DICKINSON	COLLEGE AND	THEN THE	DISTRIBUTIO	N OF THE	
NDS IS LEFT AT THE DISCRETION	OF THE COLL	EGE. DIC	KINSON GIVE	S THE FORUM	
YEARLY UPDATE ON THE STUDENTS	S AND PROJECT	S THAT TH	E FUNDS HAV	E BEEN USED	
SUPPORT.					

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE FORUM ON EDUCATION ABROAD

Employer identification number 23-3100062

FORM 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 821 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: \$221,871

BENEFITS: \$54,127

Name of the organization **Employer identification number** THE FORUM ON EDUCATION ABROAD 23-3100062 FORM 990, PART VI, SECTION 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:

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page :
THE FORUM ON EDUCATION ABROAD	Employer identification number 23-3100062
MANAGEMENT ULTIMATELY BEARS RESPONSIBILITY FOR THE INFORMA	ATION
PRESENTED IN THE FINANCIAL STATEMENTS AND TAX RETURNS.	

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

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

PREPARED BY:

BOYER & RITTER, LLC 1 EAST HIGH STREET CARLISLE, PA 17013

AMOUNT OF FILING FEE:

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:

NOVEMBER 15, 2018

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

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certifi	cate number: 35270 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:
Fiscal	year ended: 06/30/2018 MM DD YYYY	Organization is exempt from registration because
FEIN:	23-3100062	Organization does not solicit contributions in Pennsylvania
1.	Legal name of organization: THE FORUM ON EDUC	CATION ABROAD
	Check if name change and give previous name	
2.	All other names used to solicit contributions:	
3.	Contact person: JON BOOTH, INTERIM E.D.	Contact's E-mail: BOOTHJO@FORUMEA.ORG
4.	Physical address of organization:	Mailing address: (If different than physical)
	233 W. LOUTHER ST.	DICKINSON COLLEGE, PO BOX 1773
	CARLISLE	CARLISLE
	PA 17013	PA 17013
	County: CUMBERLAND	Phone number: 7172451031
	800 number:	Fax number: 717-245-1677
	Email (if different than Contact's email): INFO@FORUME	EA.ORG
	Website: WWW.FORUMEA.ORG	
5.	Type of organization (e.g. non-profit corporation, unincorporation NON-PROFIT CORPORATION	ated association, etc.):
	Where established: 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.

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6.	6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)					
7.	Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":					
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust					
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.					
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities					
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.					
	X Not Applicable					
	Charitable organizations which check boxes §162.7(a)(1) · §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.					
	Items 8 and 9 are required to be completed by initial registrants only					
8.	Date organization first solicited contributions from Pennsylvania residents:					
	Other					
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.					
	Other					
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.					

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	23-31000
10.	THE FORUM ON EDUCATION ABROAD Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	GRANT APPLICATIONS
40	
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	TO PROMOTE HIGH QUALITY AND EFFECTIVE EDUCATION ABROAD PROGRAMS ON BEHALF OF STUDENTS AT US COLLEGES AND UNIVERSITIES THROUGH PROVIDING EDUCATIONAL PROGRAMS, RESOURCES AND TRAINING FOR THE EDUCATIONAL
	INSTITUTIONS, FACULTY AND STAFF, CONSORTIA, AGENCIES, AND ORGANIZATIONS THAT COMPRISE ITS MEMBERSHIP.
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes X No
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania
	residents: Month Day Year
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1

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17.	Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary) SEE STATEMENT 2
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary) NONE
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
	Legal name of parent organization Pennsylvania certificate number
21.	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.) SEE STATEMENT 3

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22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities: JON BOOTH, INTERIM EXECUTIVE DIRECTOR PO BOX 1773 CARLISLE, PA 17013 B. Have final responsibility for the custody of contributions: JON BOOTH, INTERIM EXECUTIVE DIRECTOR PO BOX 1773 CARLISLE, PA 17013 C. Have final responsibility for final distribution of contributions: JON BOOTH, INTERIM EXECUTIVE DIRECTOR PO BOX 1773 CARLISLE, PA 17013 D. Are responsible for custody of financial records: JON BOOTH, INTERIM EXECUTIVE DIRECTOR PO BOX 1773 CARLISLE, PA 17013 23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: A. Any other officer, director, trustee, or employee? X Yes No SEE STATEMENT 4 B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes X No **(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor) If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties. 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever: 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 currently has such proceedings pending in this or any other Yes X No jurisdiction? B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes X No C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes (If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. \S 4904 (relating to unsworn falsification to authorities) and 10 P.S. \S 162.17 (relating to administrative enforcement and penalties).

Signatu	re of Chief Fiscal Officer	Date
JON	BOOTH, INTERIM EXECUTIVE DIRECTOR	
Type or	print name and title of Chief Fiscal Officer	
Signatu	re of Other Authorized Officer	Date
KERR	Y J. EDMONDS , TREASURER	
Type or	print name and title of Other Authorized Officer	
Che	cklist for registration:	
X	Completed registration statement properly signed and dated.	
X	A copy of the IRS 990/990EZ/990PF/990N Return and required s	schedules,
	signed and dated by an authorized officer	
	Public Disclosure Form BCO-23 (if required)	
X	Applicable Financial Statements (audited, reviewed, compiled or	internally prepared)
X	Registration fee and any late filing fees	
	Initial Registrants Only: IRS determination letter, articles of incorpby-laws.	poration or charter and
See	Instructions for more information on completing this form and atta-	chments.

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

FORM BCO-10	PROFESSIONAL	FUNDRAISING	COUNSELS	STATEMENT 2
NAME AND ADDRESS NONE				PHONE NUMBER

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10	OFFICERS, DIRECTORS,	TRUSTEES	AND EXECUTIVES	STATEMENT 3
NAME AND ADDRESS			TITLE	
BRIAN WHALEN	-		PART YR PRESJUL	Y '17-MAY
DICKINSON COLLEG CARLISLE, PA 17				
NAME AND ADDRESS	}		TITLE	
MARY ANNE GRANT DICKINSON COLLEG CARLISLE, PA 17	•		CHAIR	
NAME AND ADDRESS	1		TITLE	
JOY GLEASON CARE DICKINSON COLLEC CARLISLE, PA 17	E, PO BOX 1773		BOARD MEMBER	

NAME AND ADDRESS	TITLE
ENDA CARROLL DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	VICE-CHAIR
NAME AND ADDRESS	TITLE
SUSAN POPKO DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	SECRETARY
NAME AND ADDRESS	TITLE
PAUL J. MCVEIGH, PH.D. DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
NAME AND ADDRESS	TITLE
BRUCE SILLNER DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
NAME AND ADDRESS	TITLE
KERRY J. EDMONDS DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	BOARD MEMBER
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
NAME AND ADDRESS	TITLE
ANNETTE SMITH PARKER DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013	TREASURER

CARLISLE, PA 17013

NAME AND ADDRESS

NICK J. GOZIK, PH.D. DICKINSON COLLEGE, PO BOX 1773 CARLISLE, PA 17013

TITLE

BOARD MEMBER

23-3100062

THE FORUM ON EDUCATION ABROAD

NAME AND ADDRESS

TITLE

JOHN LUCAS, PH.D.

BOARD MEMBER

DICKINSON COLLEGE, PO BOX 1773

CARLISLE, PA 17013

NAME AND ADDRESS

TITLE

JON BOOTH

PART YR INTERIM ED & PRES.

APR

DICKINSON COLLEGE, PO BOX 1773

CARLISLE, PA 17013

FORM BCO-10

RELATED OFFICER, DIRECTOR, TRUSTEE, EMPLOYEE

STATEMENT 4

NAME AND ADDRESS

BRIAN WHALEN

PO BOX 1773 CARLISLE, PA 17013

BUSINESS

PART YEAR PRESIDENT

NAME AND ADDRESS

ANNMARIE WHALEN

PO BOX 1773 CARLISLE, PA 17013

BUSINESS

PART YEAR VICE PRESIDENT