Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

8

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

B Check if applicable: C Name of organization	umber				
Address THE FORUM ON EDUCATION ABROAD					
Name change Doing business as 23-310006	52				
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number					
Final DICKINSON COLLEGE, PO BOX 1773 717-245-1	70 TO 10 TO				
	,145,017.				
H(a) is this a group return					
Application F Name and address of principal officer: MELISSA TORRES for subordinates?					
1 Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see  J Website: WWW • FORUMEA • ORG  H(c) Group exemption number					
K Form of organization: X Corporation					
Part I Summary	iegai dominene, 2 22				
1 Briefly describe the organization's mission or most significant activities: MEMBERSHIP ORGANIZATION TH	AT IS				
THE STANDARDS DEVELOPMENT ORGANIZATION FOR EDUCATION ABROAD  Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)					
Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.					
3 Number of voting members of the governing body (Part VI, line 1a)	16				
	16				
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0				
6 Total number of volunteers (estimate if necessary)	379				
7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.				
b Net unrelated business taxable income from Form 990 T, line 38	0.				
F 000	urrent Year				
8 Contributions and grants (Part VIII, line 1h) 5, 200.	100.				
9 Program service revenue (Part VIII, line 2g) 1,948,852. 2	,071,673.				
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 67,843.	73,244.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.				
	,145,017.				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,000.				
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  0 •	0.				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.				
16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  Total fundraising expenses (Part IX, column (D), line 25)  Total fundraising expenses (Part IX, column (D), line 25)  2 278 045					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 278, 045. 2	,025,638.				
	,035,638.				
19 Revenue less expenses. Subtract line 18 from line 12	109,379.				
Beginning of Current Year E	nd of Year				
20 Total assets (Part X, line 16) 2,476,360. 2	,410,005.				
21 Total liabilities (Part X, line 26) 943,296.	716,070.				
	,693,935.				
Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	ge and belief, it is				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Direction of all the second of					
Sign Signature of officer Date					
Here MELISSA TORRES, PRESIDENT & CEO Type or print name and title					
	TIN				
Timorype preparer sinamo	0168809				
Seit-empioyee 2 00 1					
Preparer Firm's name MAHER DUESSEL, CPA'S Firm's EIN 25-1  Use Only Firm's address 3003 NORTH FRONT STREET, SUITE 101	1622758				
HARRISBURG, PA 17110  Phone no. 717-233	2-1230				
	Yes No				

1,711,343.

Total program service expenses

Form 990 (2018) 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	X	
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	- 4		494
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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			100 PM
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			ALI A
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	K.		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,,
	complete Schedule G, Part III	19		X
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	_

Form 990 (2018) THE FORUM ON EDUCATION ABROAD
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		==1,
	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	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		. 1	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Lise	
	instructions for applicable filing thresholds, conditions, and exceptions):		12.50	v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00:		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
04	contributions? If "Yes," complete Schedule M	30		
31		31		х
20	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		- 21
32		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
33	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			
0.	Part V. line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		X
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		X
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	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a		-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 <u>c</u>	000	(0010)

Part V

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5h c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

THE FORUM ON EDUCATION ABROAD 23-3100062 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 16 1a Enter the number of voting members of the governing body at the end of the tax year 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. 16 b Enter the number of voting members included in line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 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, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 ..... X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

17013

MICHAEL LANDIS - 717-245-1031

DICKINSON COLLEGE PO BOX 1773, CARLISLE,

## 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	verage Position Reportable Reportable					<b>(E)</b> Reportable compensation	(F) Estimated amount of other		
	(list any hours for related organizations below line)	the organization (W-2/1099-MISC		the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) ENDA CARROLL	2.00		747		TX.		11.			4 7 - 4
CHAIR		X		X		_	_	0.	0.	0.
(2) SUSAN POPKO	1.00									1. × 1.
VICE-CHAIR		X		X			_	0.	0.	0.
(3) KERRY J. EDMONDS	1.00				1					
TREASURER	7 - 7 - 7 - 6	X		X				0.	0.	0.
(4) JOHN LUCAS, PH.D.	1.00									
SECRETARY		X		X			_	0.	0.	0.
(5) THOMAS M. BUNTRU	1.00		11							
BOARD MEMBER		X						0.	0.	0.
(6) JOY GLEASON CAREW	1.00									
BOARD MEMBER		X	L.		_	-	_	0.	0.	0.
(7) LORNA STERN	1.00			ļ				_		
BOARD MEMBER		X				_		0.	0.	0.
(8) KATHRYN HOWARD	1.00				6.7					
BOARD MEMBER		X						0.	0.	0.
(9) CHRISTOPHER L.W. ELLIOT	1.00			6						
BOARD MEMBER		X						0.	0.	0.
(10) MARTHA JOHNSON	1.00									
BOARD MEMBER		X				╙		0.	0.	0.
(11) PATRICIA H. SCROGGS	1.00									_
BOARD MEMBER		X			_	_		0.	0.	0.
(12) PAUL J. MCVEIGH, PH.D.	1.00									
BOARD MEMBER	4 00	X		_	_			0.	0.	0.
(13) BRUCE SILLNER	1.00					1				
BOARD MEMBER	1 00	X			-	-	-	0.	0.	0.
(14) EVEADEAN MYERS, J.D.	1.00	١								
BOARD MEMBER	1 00	X	-	-	-	1	-	0.	0.	0.
(15) ANNETTE SMITH PARKER	1.00	-								_
BOARD MEMBER	1 00	X	-	-	-	+	-	0.	0.	0.
(16) DAWN WHITEHEAD, PH.D	1.00	١							_	
BOARD MEMBER	40.00	X	$\vdash$	-	-	+	$\vdash$	0.	0.	0.
(17) JON BOOTH	40.00	-		,						_
INTERIM ED & PRESIDENT 6/1/18 THRU 1				X				0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	per do not check more than one box, unless person is both an			one	Reportable	Reportable	Estimated		
	hours per				n an	compensation	compensation	amount of		
	week	-	Т	ia a a	Irecto	y/trus	(ee)	from	from related	other
	(list any	Individual trustee or director	]					the	organizations	compensation
	hours for related	or di	92			ated		organization	(W-2/1099-MISC)	from the
	organizations	stee	trust		စ	Bens		(W-2/1099-MISC)		organization
	below	ual tri	ional		ploye	5 8				and related organizations
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) MELISSA TORRES	40.00	=	=	-	<u>×</u>	王亚	II.			
PRESIDENT & CEO STARTING 1/1/19	40.00	ł		x				0.	0.	0
The state of the s	40.00	_	$\vdash$	Λ	-	$\vdash$		0.	0.	0.
(19) BRIAN WHALEN	40.00	1		٠,					0	
PRESIDENT THRU 5/31/18				X		⊢		0.	0.	0.
							6			
							_			
				- 1						
							_			
	- 10									9
										7.0
	(19-7)	1								1.00
		- 48			9.1					
	1							11 to 11 to -		
	Carlotte Co				7	-				
	2 4 * 5									
	1.27									
1b Sub-total					_			0.	0.	0.
c Total from continuation sheets to Part VI								0.	0.	0.
								0.	0.	0.
d Total (add lines 1b and 1c)							0.10			0.
	or inflited to th	USE	IISLE	u al	JOVE	y wii	O IE	ceived more man \$100,	ooo or reportable	0
compensation from the organization	2.0020 0000 00	-	_	_	_	_	_			Yes No
O Did the americation list and form			. 1					hishaat		Tes No
3 Did the organization list any former officer				-						3 X
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su										77
and related organizations greater than \$15	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	Jf	for such individual		4 X
5 Did any person listed on line 1a receive or										<u> </u>
rendered to the organization? If "Yes." con	nplete Schedul	e Jf	or st	ıch i	oers	on_				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontr	acto	rs th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax ye	ear.	
(A)								(B)		(C)
Name and business	address						_	Description of s	ervices (	Compensation
DICKINSON COLLEGE										
28 NORTH COLLEGE STREET,	CARLISL	Ε,	P	A	17	01	3	STAFFING SER	VICES 1	,081,914.
										20
								1		
2 Total number of independent contractors	including but a	ot II	mito	d to	the	eo lie	tod	Labove) who received me	are than	
2 Total number of independent contractors (		UL III	iiiie(	ם נט		se iis 1	oteu	above, who received mo	DIE HIAH	
\$100,000 of compensation from the organ	ization -			-	_					F 990 (2010)

		Check if Schedule O contai	ins a response	or note to any lin	e in this Part VIII			
		Orieck if Scriedule O Contain	по а тезропое	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
សស	1 a	Federated campaigns	1a				MATERIAL SERVICE	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
9		Fundraising events						
fts		Related organizations						
迈릨		Government grants (contributio						
Sis		All other contributions, gifts, grants	-					
ig ig	1	similar amounts not included above	***	100.				
69	_							
6 8	177	Noncash contributions included in lines 1a	1.00		100.			
OR	<u>n</u>	Total. Add lines 1a-1f		Business Code				
	_	CONFERENCE			1,082,516.	1 002 516		
ice		MEMBERSHIP DUES		611430	695,659.			
e e	b		TD 3 MC	611430		293,498.		-
n S	C		KAMP	611430	293,498.	293,490.		
Bey	d							-
Program Service Revenue	е							
<u>-</u>		All other program service reven			0 071 672		Print State and others. But for	
-	g	Total. Add lines 2a-2f		ALL PROPERTY OF THE PARTY OF TH	2,071,673.			
	3	Investment income (including d			72 044	7.0		72 044
1		other similar amounts)			73,244.			73,244.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)		]				
	d	Net gain or (loss)						
٥	8 a	Gross income from fundraising	events (not					
E		including \$	of					
š		contributions reported on line 1	lc). See					
Other Revenu		Part IV, line 18	а					
the	b	Less: direct expenses						
Ò		Net income or (loss) from fundr						
		Gross income from gaming act						
		Part IV, line 19			2012/27-77			
1	b	Less: direct expenses						
l		Net income or (loss) from gamin		<b>D</b>				
		Gross sales of inventory, less re						
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales		<b>D</b>				THE PERSON NAMED IN COLUMN
		Miscellaneous Revenue		Business Code	CONTROL OF STREET		N7.04911	I BRIGHANDERO
	11 0	IVIISCEIIANEOUS NEVENUE		Duomicos Code				
	ıı a							
	ū ~						<del></del>	
	<u>د</u>	I All other revenue	0.70 30					
		All other revenue						
	12	Total revenue. See instructions	****************		2.145.017	2.071.673.	0.	73,244.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 10,000. 10,000. and domestic governments. See Part IV. line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): 29,424. 980,790. 794,440. 156,926. Management 1,250. 500. 750. Legal 9,814. 3,926. 5,888. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 20,494. 1,521. 71,332. 49,317. column (A) amount, list line 11g expenses on Sch O.) 16,274. 16,274. Advertising and promotion 12 85,155. 8,661. 76,494. Office expenses ..... 13 Information technology 14 15 Royalties ..... 16 Occupancy 53,476. 53,476. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 652,252. 623.976. 28.276. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 49,476. 49,476. WORKSHOP/WEBINAR EXPENS 38,355. 38,355. OUIP PROGRAM 36,397. 36,397. PRINTING AND REPRODUCTI 18,974. 18,974. CERTIFICATION PROGRAM 12,093. 7,571. 4,522. e All other expenses 2,035,638. 1,711,343. 293,350. 30,945. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 150,416. 276,086. 1 Cash - non-interest-bearing 203,684. 94,299. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 196,045. 17,461. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8,890. 8,890. 8 Inventories for sale or use 47,248. Prepaid expenses and deferred charges 19,168. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 1,870,077. 1,994,101. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 2,476,360. 2,410,005. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 382,361. 283,544. Accounts payable and accrued expenses 17 17 18 Grants payable ..... 18 560,935. 432,526. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 ..... 943,296. 716,070. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,435,774. 1,596,107. Unrestricted net assets 27 27 97,290. 97,828. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,693,935. 1,533,064. Total net assets or fund balances 33 33 2,476,360. 2,410,005. Total liabilities and net assets/fund balances 34 Form 990 (2018) review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

Form 990 (2018)

X

2c

3a

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

**Total** 

(Form 990 or 990-EZ)

**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

Open to Public Inspection

Name of the organization

THE FORUM ON EDUCATION ABROAD

Employer identification number 23-310062

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN n your governing document (described on lines 1-10) support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 THE FORUM ON EDUCATION ABROAD 23-3100062 Page 2

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.)

Section A. Public Support	200 AC ACCA COM COMPANION					
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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		h.				
or expended on its behalf						h l
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			A Part of Part of			
4 Total. Add lines 1 through 3						
5 The portion of total contributions					British A	
by each person (other than a						
governmental unit or publicly						
supported organization) included						17.7
on line 1 that exceeds 2% of the		R Street Wall		The state of the s	No. of the last of	4 - 1
amount shown on line 11,				Hazzania (C. C.		A
column (f)						At 1
6 Public support. Subtract line 5 from line 4.		A Walk Electric				
Section B. Total Support	The wife					
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest,			2-7-1			100
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						N. L.
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on		15				
10 Other income. Do not include gain						1000
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 instruct	ions)			12	
13 First five years. If the Form 990 is for	the organization	's first, second, this	rd, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
organization, check this box and stop	here					<b>&gt;</b>
Section C. Computation of Public					Title	
14 Public support percentage for 2018 (lir					14	%
15 Public support percentage from 2017					15	<u> </u>
16a 33 1/3% support test - 2018. If the or						
stop here. The organization qualifies a						
b 33 1/3% support test - 2017. If the or						
and stop here. The organization qualit						
17a 10% -facts-and-circumstances test						
and if the organization meets the "fact					N=1	
meets the "facts-and-circumstances" t						
b 10% -facts-and-circumstances test		· -				
more, and if the organization meets the				5		е
organization meets the "facts-and-circ	umstances" test	. The organization	qualifies as a public	cly supported orga	nization	▶□
18 Private foundation. If the organization	50°C 5025 50 245 50	200 000.00	or restaurant parties	N 100 100 100 100 100 100 100 100 100 10	g g w was	

Schedule A (Form 990 or 990-EZ) 2018 THE FORUM ON EDUCATION ABROAD

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	olow, ploade comp	ioto / art iii)	1	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,061.	72,278.	5,200.	5.200.	695,759.	850,498.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1855751.	1741527.			1376014.	8851949.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	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	1927812.	1813805.	1935005.	1954052.	2071773.	9702447.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b			Pain 1 3			0.
	Public support. (Subtract line 7c from line 6.)						9702447.
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1927812.	1813805.	1935005.	1954052.	2071773.	9702447.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,792.	52,272.	62,244.	67,843.	73,244.	293,395.
t	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	37,792.	52,272.	62,244.	67,843.	73,244.	293,395.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	1965604.			2021895.		9995842.
14	First five years. If the Form 990 is for check this box and stop here				-		
Se	ction C. Computation of Publi	ic Support Per	centage				
15				column (f))		15	97.06 %
16	Public support percentage from 2017					16	97.37 %
	ction D. Computation of Inves					1-11-1-1	
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	2.94 %
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	2.63 %
19	a 33 1/3% support tests - 2018. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a						<u>X</u>
1	o 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
200	Private foundation. If the organization	on did not check a	DOX ON LINE 14 19	a or ign check th	us nox and see ins	THICTIONS	

#### 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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
	103	140
1		
	38	
2		
12838		
За		1.00
B. FIT		
13753		
3b		
3c		
	(Au)	
4a		
Sanas		(5)(0)
		NE
4b		
133.73		
4c		
		VA.
5a		
5b		
5c		
15 (27)		
100000	1	
6	9	
	3 13	137
A CONTRACTOR	Ethia	
7		
		17.50
8		
	10 34	
	9,559	4-1-2
9a		
9b		
-		
9c		
40-		
10a	10000	
106		
10b	_	

Schedule A (Form 990 or 990 EZ) 2018 THE FORUM ON EDUCATION ABROAD 23-3100062 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 Income tax imposed in prior year

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

Schedule A (Form 990 or 990-EZ) 2018

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	rt V Type III Non-Functionally Integrated 509(			3-3100062 Page 7
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	The second secon			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.	son too O street to some way I respectively so		
9	Distributable amount for 2018 from Section C, line 6			
Ю	Line 8 amount divided by line 9 amount	-v E-v v lat r		
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Evenes from 2017		A SHARL DESCRIPTION OF THE PARTY OF THE PART	

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 THE FORUM ON EDUCATION ABROAD	23-3100062 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
. 181		
		1971 (Miles 1975) 198
**	ar v t	
_ 4		
-		

### **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

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	A	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	***************************************	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
ED-	conservation easements.	Art Historiaal Transcures or Of	blog Cimilar Aposto
Pa	THIII Organizations Maintaining Collections of		lifer Sillillar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic 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 tre		al gain, provide
	the following amounts required to be reported under SFAS 1	A 212 of the costs from 12 k S costs senses A 2 a least of costs from the sector	<b>.</b>
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990. Part X		\$

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

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	n Form 990, Part IV, line 1		n: Cost or end-of-year market value
Financial desirations	(4)	(5)	
Closely-held equity interests			
Other			
(A) DICKINSON COLLEGE		<u> </u>	· · ·
(B) ENDOWMENT FUND	1,994,101.	END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,994,101.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	Form 990, Part IV, line 1	1c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	r-x-17		
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
dit ix   Other Assets.			
Complete if the organization answered "Ves" or	Form 990 Part IV line 1	1d See Form 990 Part Y	line 15
Complete if the organization answered "Yes" or		1d. See Form 990, Part X,	
(a) Do	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X,	line 15. (b) Book value
(a) Do		1d. See Form 990, Part X,	
(a) Do (1) (2)		1d. See Form 990, Part X,	
(a) Do (1) (2) (3)		1d. See Form 990, Part X,	
(a) Do (1) (2) (3) (4)		1d. See Form 990, Part X,	
(a) Do (1) (2) (3) (4) (5)		1d. See Form 990, Part X,	
(a) Do (1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X,	
(a) Do (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X,	
(a) Do (1) (2) (3) (4) (5) (6) (7) (8)		1d. See Form 990, Part X,	
(a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	1d. See Form 990, Part X,	
(a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9)  Ital. (Column (b) must equal Form 990. Part X. col. (B) line 3	escription	1d. See Form 990, Part X,	
(a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990. Part X. col. (B) line 19 Part X Other Liabilities.	escription		(b) Book value
(a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 3	escription  15.)  n Form 990, Part IV, line 1		(b) Book value
(a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line of art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value
(a) Do  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability (1) Federal income taxes	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value
(a) Do  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability (1) Federal income taxes (2)	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value
(a) Do  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability (1) Federal income taxes	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value
(a) Do  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line of art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value
(a) Do  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes (2) (3)	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value
(a) Do  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line of art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value
(a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990. Part X. col. (B) line of Part X. Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value
(a) Do  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Ital. (Column (b) must equal Form 990. Part X. col. (B) line 1  Part X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	escription  15.)  n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value

832054 10-29-18

Schedule D (Form 990) 2018

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization THE FORITM	ON EDUCA	TION ABROAD					Employer identification number 23-3100062
Part I General Information on Grants a							10 010003
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's pro	stance?						
Part II Grants and Other Assistance to					anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than  1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DICKINSON COLLEGE P.O. BOX 1773 CARLISLE, PA 17013	23-1365954	501(C)(3)	10,000.	0.			SCHOLARSHIP FUND FOR STUDENTS WHO WILL BE STUDYING ABROAD.
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization.</li> </ul>			e line 1 table	1		1	1.

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

(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
	-				
					31.7
				- T	
rt IV Supplemental Information. Provide the informa	tion required in Part I, line	2; Part III, column	n (b); and any other ac	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 DICKINSO	N COLLEGE	. DICKINSON	COLLEGE	
VES THE FORUM A YEARLY UPDATE	ON THE STUD	ENTS AND	PROJECTS TH	אי ייוב	
NDS HAVE BEEN USED TO SUPPORT					
	****			74.0	

#### SCHEDULE O

(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.

8

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: 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 828 INSTITUTIONAL MEMBERS INCLUDE U.S. COLLEGES AND UNIVERSITIES, OVERSEAS INSTITUTIONS, CONSORTIA, AGENCIES, PROVIDER THE FORUM FOCUSES ON DEVELOPING AND ORGANIZATIONS AND FOUNDATIONS. 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. 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 THE TERMS OF THE MANAGEMENT CONTRACT, DICKINSON COLLEGE PROVIDES OFFICE SPACE AND SUPPORT, PAYROLL AND BENEFITS, AND HUMAN RESOURCES.

THE EMPLPOYEES OF THE FORUM ARE PAID FOR SERVICES TO THE FORUM THROUGH THE MANAGEMENT CONTRACT.

FORM 990, PART VI, SECTION A, LINE 6:

THERE ARE THE FOLLOWING TYPES OF MEMBERSHIPS: CHARITABLE ORGANIZATIONS, INDIVIDUAL, ASSOCIATE MEMBER, INTERNATIONAL INSTITUTION, PROVIDER, UNDERREPRESENTED, UNIVERSITY SYSTEM, AND U.S. INSTITUTION.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE FORUM ON EDUCATION ABROAD	Employer identification number 23-3100062
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 F	ILING.
FORM 990, PART VI, SECTION B, LINE 12C:	1, 4
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'S CEO AND TO RECOMMEND	COMPENSATION FOR
THE CEO FOR THE SUBSEQUENT YEARS. COMPENSATION OF THE CEO,	FORUM STAFF, AND
ADDITIONAL SUPPORT IS NEGOTIATED ANNUALLY WITH DICKINSON C	OLLEGE IN
CONJUNCTION WITH THE MANAGEMENT CONTRACT.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE HELD AT THE FORUM'S OFFICE, AND AR	E AVAILABLE UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

#### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

#### filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print THE FORUM ON EDUCATION ABROAD 23-3100062 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your DICKINSON COLLEGE, PO BOX 1773 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CARLISLE, PA 17013 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MICHAEL LANDIS • The books are in the care of ▶ DICKINSON COLLEGE PO BOX 1773 - CARLISLE, PA 17013 Telephone No. ► 717-245-1031 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)