

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.



		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	the latest	information.	Inspection
A	For th	e 2019 calend	ar year, or tax year beginning JUL 1, 2019 and e	ending ਹਾ	JN 30, 2020	
В	Check if	C Name of	forganization		D Employer identification	ation number
	applicat					
	Addr	ge THE FO	RUM ON EDUCATION ABROAD			
	Nam	ge Doing b	usiness as		23-3100062	
	Initia returi	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	n/ DICKIN	SON COLLEGE, PO BOX 1773		717-245-1031	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,667,200.
	Amer		LE, PA 17013		H(a) Is this a group ret	um
	Appli tion pend	F Name a	nd address of principal officer: MELISSA TORRES		for subordinates?	Yes X No
		SAME AS	C ABOVE		H(b) Are all subordinates incl	luded? Yes No
		empt status:		r 📃 527	If "No," attach a li	st. (see instructions)
		ite: 🕨 WWW.FC			H(c) Group exemption	number 🕨
		of organization:	X Corporation Trust Association Other ►	L Year	of formation: 2001 M	State of legal domicile: PA
Ρ	art I	Summary				
đ	, 1		e the organization's mission or most significant activities:	HIP ORGA	NIZATION THAT IS	
Č		THE STANDA	RDS DEVELOPMENT ORGANIZATION FOR EDUCATION ABROAD			
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse	
200	3					14
			lependent voting members of the governing body (Part VI, line 1b)			14
Ű	5 5		of individuals employed in calendar year 2019 (Part V, line 2a)			0
iti	6		of volunteers (estimate if necessary)			313
Activitias &	5 7a		d business revenue from Part VIII, column (C), line 12			0.
_	<u>b</u>	Net unrelated	business taxable income from Form 990-T, line 39		7b	0.
					Prior Year	Current Year
9	8		and grants (Part VIII, line 1h)		100.	8,300.
Ravanua	9	•	ce revenue (Part VIII, line 2g)		2,071,673.	1,566,771.
20	<u> </u> 10		come (Part VIII, column (A), lines 3, 4, and 7d)		73,244.	92,129.
	• 11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,145,017.	1,667,200.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		10,000.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
Ű	3 15		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
200	2 16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Evnancae	2 b		ing expenses (Part IX, column (D), line 25)		2,025,620	1 476 000
	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,025,638.	1,476,090.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,035,638.	1,476,090.
	<u>19</u>	Revenue less	expenses. Subtract line 18 from line 12		109,379.	191,110.
Net Assets or	DCG				ginning of Current Year	End of Year
sset	20 E	Total assets (F	· · · · · · · · · · · · · · · · · · ·		2,410,005.	2,507,918.
et A	21		(Part X, line 26)		716,070.	687,703.
	<u>∃ 22</u> art II	Net assets or Signature	fund balances. Subtract line 21 from line 20		1,693,935.	1,820,215.
		-		and atotars	nto and to the best of!	nowledge and halisf it is
			I declare that I have examined this return, including accompanying schedules Declaration of preparer (other than officer) is based on all information of whi			anowieuye and beller, it is
น น	.,	or and complete	, Deciaration of Dieparer tother than only 15 Dased off all Information of Will		Has ally KIIUWICUUC.	

Sign	Signature of officer		Date
Here	MELISSA TORRES, PRESIDENT & CEO		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Brig & Botten Date	Check PTIN
Paid	LISA A. RITTER	Agai 9 Bitter	1/12/21 self-employed ₽00168809
Preparer	Firm's name 🕒 MAHER DUESSEL, CPA'S		Firm's EIN 🕨 25-1622758
Use Only	Firm's address 🕨 1800 LINGLESTOWN ROAD,	SUITE 306	
	HARRISBURG, PA 17110		Phone no.717-232-1230
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
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?		Yes X No
_	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?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total exp	penses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$238,502. including grants of \$) (Revenue (Code:)) (Revenue (Code:	.e \$	773,043.
	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 2020, 555 PEOPLE PARTICIPATED IN		
	WORKSHOPS AND OVER 200 WERE ENROLLED IN THE PROFESSIONAL CERTIFICATION		
	PROGRAM, REPRESENTING 151 MEMBERS ORGANIZATIONS AND 15 COUNTRIES. THE		
	FORUM'S QUALITY IMPROVEMENT PROGRAM HAD 7 INSTITUTIONS PARTICIPATING IN		
	REVIEWS.		
4b	(Code:) (Expenses \$526,831. including grants of \$) (Revenue	ie\$	548,805.
	THROUGH CONVENING EVENTS AND CONFERENCES, THE FORUM OFFERS		
	OPPORTUNITIES FOR DISCUSSION, LEARNING AND NETWORKING. OVER 3,100		
	PEOPLE ATTENDED THE FORUM'S CONFERENCES, INSTITUTES, WORKSHOPS, AND		
	WEBINARS THIS PAST YEAR. THE FORUM'S ANNUAL CONFERENCE IS THE LARGEST		
	EDUCATION ABROAD GATHERING AND THE SIGNATURE EVENT OF THE FORUM. IN		
	LATE APRIL, OVER 1,000 PEOPLE ATTENDED THIS VIRTUAL EVENT.		
4c	(Code:) (Expenses \$371,336. including grants of \$) (Revenue	ie \$	244,923.
	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 SEVERAL NEW GUIDELINES AND A NEW EDITION OF		
	THE STANDARDS OF GOOD PRACTICE. IN 2019-20, VISITS TO THE FORUM WEB		
	SITE DECREASED BY 7.4%.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,136,669.		
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 Form 990 (2019)
 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	Х	
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		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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			
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
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			x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		x
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	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			
	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

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			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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	–		
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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			
04		34		x
25 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
, D	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?	000		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	~	L
. u	Check if Schedule O contains a response or note to any line in this Part V			
			v	
4	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a20Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	-		
U U				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See ii	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	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 the	direct	supervision			
				3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	•				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
-	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		х	
a	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	<u></u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Cada I	9		
	the internal Re	venue	<u></u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	x
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
			,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
a	The organization's CEO, Executive Director, or top management official			15a	X	
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 arrangen			40-		x
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluat					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	<u></u>				
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 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)(3)s onlv)	availa	ble
	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	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d financ	cial	
	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 boo	ks and	records			
	MELISSA TORRES - 717-245-1031					
	DICKINSON COLLEGE PO BOX 1773, CARLISLE, PA 17013					

Form 990 (2		23-3100062	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated	
·······	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or w	ithin the organization's	tax year.

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

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

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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	box	not c , unle: cer ar	Pos heck ss pe	more rson i	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ENDA CARROLL	2.00									
CHAIR		х		x				0.	0.	0.
(2) SUSAN POPKO	1.00									
VICE-CHAIR		Х		х				0.	0.	0.
(3) KERRY J. EDMONDS	1.00									
TREASURER		Х		х				0.	0.	0.
(4) JOHN LUCAS, PH.D.	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) THOMAS M. BUNTRU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JOY GLEASON CAREW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) LORNA STERN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) TRACEY BRADLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHRISTOPHER L.W. ELLIOT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARTHA JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PATRICIA H. SCROGGS	1.00									
BOARD MEMBER		Х						0.	٥.	0.
(12) PAUL J. MCVEIGH, PH.D.	1.00									
BOARD MEMBER		Х						0.	٥.	0.
(13) BRUCE SILLNER	1.00									
BOARD MEMBER		Х						0.	٥.	0.
(14) EVEADEAN MYERS, J.D.	1.00									
BOARD MEMBER		Х						٥.	0.	0.
(15) DAWN WHITEHEAD, PH.D	1.00									
BOARD MEMBER		Х						0.	٥.	0.
(16) MELISSA TORRES	40.00									
PRESIDENT & CEO				х				0.	0.	0.

Form 990 (2	019) THE FORUM ON	EDUCATION	ABR	OAD						23-31	.00062	2	Р	age 8
Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck ss per	more rson i	than c is both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	I	fr org an	pensa om th anizat d relat anizati	e ion ed
			-											
			-											
											-+			
			-								-			
	tal								0.		0.			0.
	from continuation sheets to Part VI (add lines 1b and 1c)								0.		0. 0.			0. 0.
2 Total r	number of individuals (including but n ensation from the organization							o re	eceived more than \$100,	000 of reportable	3			0
· · · · ·	· · · · ·												Yes	No
	e organization list any former officer,			-	•			Ŭ		•				
	a? If "Yes," complete Schedule J for s											3		X
	ny individual listed on line 1a, is the su elated organizations greater than \$150											4		x
	y person listed on line 1a receive or a													
	red to the organization? If "Yes." corr	plete Schedule	e J f	or sı	ıch į	oers	on .				<u></u>	5		X
	Independent Contractors									100.000 of come		: f		
	lete this table for your five highest co ganization. Report compensation for										Jensat	ion tro	om	
	(A) Name and business				<u> </u>				(B) Description of s		с	((ompe	C) nsatio	n
DICKINSON	COLLEGE COLLEGE STREET, CARLISLE, P.	A 17013							STAFFING SERVICES			1	,015,	127
		A 17015							STATTING SERVICES				,015,	-27.
	number of independent contractors (in 2000 of compensation from the organic		ot lir	nitec	d to		se list 1	ted	above) who received mo	ore than				

ai	t VI		1								-
			Check if Schedule O c	conta	ains a respo	nse	or note to any line		(5)	· · · · · · · · · · · · · · · · · · ·	
								(A)	(B)	(C)	(D) Revenue exclu
								Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax und
											sections 512 -
ŝ	1 a	a	Federated campaigns		1a						
and Other Similar Amounts			Membership dues								
DO L											
Ā			Fundraising events								
ilar			Related organizations								
in i			Government grants (contri								
ŝ	f		All other contributions, gifts,	grant	s, and						
ţ		5	similar amounts not included	abov	/e 1f		8,300.				
0	ç	j r	Noncash contributions included in	lines 1	la-1f 1g \$						
ano	h	ו ו	Total. Add lines 1a-1f					8,300.			
							Business Code				
	2 a	. 1	MEMBERSHIP DUES				611430	773,043.	773,043.		
	z a b		CONFERENCE			_	611430	548,805.	548,805.		
ne	~		EDUCATIONAL PROGRAM	g		_	611430	244,923.	244,923.		
Revenue	C		DUCKIIONAL PROGRAM	5			011430	444,343.	444,343.		
e l	c	d _									
<u>, </u>	e	-									
	f		All other program service	reve	nue						
	ç	3	Total. Add lines 2a-2f				🕨	1,566,771.			
	3	I	Investment income (includ	ling	dividends, ir	tere	st, and				
		(other similar amounts)					92,129.			92,1
	4		Income from investment o								
	5		Royalties			•					
	5	'	noyanies	· · · · · · · ·	(i) Real		(ii) Personal				
	-		• • •		(i) rical						
			Gross rents	6a							
	b	ונ	Less: rental expenses	6b							
	c	; F	Rental income or (loss)	6c							
	c	l k	Net rental income or (loss)	<u></u>			►				
	7 a	a (Gross amount from sales of		(i) Securiti	es	(ii) Other				
		2	assets other than inventory	7a							
	h		Less: cost or other basis								
e	~		and sales expenses	7b							
enue	_			70 70							
eve			Gain or (loss)								
Uther Kev			Net gain or (loss)			·····	····· ►				
hei	8 a		Gross income from fundraisir	-							
5		i	including \$		of						
		(contributions reported on	line	1c). See						
		F	Part IV, line 18			8a					
	b	o I	Less: direct expenses			8b					
			Net income or (loss) from								
			Gross income from gamin								
	50		-	-							
	-		Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			·	▶				
	10 a		Gross sales of inventory, I								
		á	and allowances			10a					
	b		Less: cost of goods sold			10b					
			Net income or (loss) from			y	>				
			, ,				Business Code				
	11 a	•									
ne		-									
/en	b	-									
Revenue	C	-									
1			All other revenue								
			Total. Add lines 11a-11d				►				

Form 990 (2019) THE FORUM ON EDUCAT
Part IX Statement of Functional Expenses THE FORUM ON EDUCATION ABROAD

D	Check if Schedule O contains a respons	e or note to any line in t		(C)	(D)
	de amounts reported on lines 6b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants a	and other assistance to domestic organizations				
and don	nestic governments. See Part IV, line 21 🛛 📃				
2 Grants	and other assistance to domestic				
individu	uals. See Part IV, line 22				
3 Grants	and other assistance to foreign				
organiz	ations, foreign governments, and foreign				
individu	uals. See Part IV, lines 15 and 16				
4 Benefit	s paid to or for members				
	ensation of current officers, directors,				
trustee	s, and key employees				
	isation not included above to disqualified				
•	(as defined under section 4958(f)(1)) and				
•	described in section 4958(c)(3)(B)				
	salaries and wages				
	plan accruals and contributions (include				
	401(k) and 403(b) employer contributions				
	employee benefits				
	taxes				
	or services (nonemployees):				
		1,078,604.	873,670.	194,148.	10,786
	ement	6,140.	2,456.	3,684.	10,700
		11,357.	4,543.	6,814.	
	nting	11,357.	4,545.	0,014.	
	ng				
	onal fundraising services. See Part IV, line 17				
	nent management fees				
-	(If line 11g amount exceeds 10% of line 25,	25.466	0.045	05 405	
	(A) amount, list line 11g expenses on Sch 0.)	35,466.	9,315.	26,136.	15
	sing and promotion	5,437.	5,437.		
	expenses	74,656.	8,130.	66,526.	
4 Informa	ation technology				
5 Royalti	es				
6 Occupa	ancy				
7 Travel		44,421.	44,421.		
8 Payme	nts of travel or entertainment expenses				
for any	federal, state, or local public officials				
9 Confere	ences, conventions, and meetings	88,688.	61,895.	26,793.	
0 Interes					
1 Payme	nts to affiliates				
	iation, depletion, and amortization				
3 Insurar					
	openses. Itemize expenses not covered				
above (l	ist miscellaneous expenses on line 24e. If				
	amount exceeds 10% of line 25, column (A) list line 24e expenses on Schedule 0.)				
	ING AND REPRODUCTI	44,020.	44,020.		
u	HOP/WEBINAR EXPENS	27,173.	27,173.		
~	FICATION PROGRAM	25,587.	25,587.		
·	AND SUBSCRIPTIONS	17,507.	17,507.		
ŭ	er expenses	17,034.	12,515.	4,519.	
	nctional expenses. Add lines 1 through 24e	1,476,090.	1,136,669.	328,620.	10,801
		1, 1, 0, 0, 0, 0, 0,	1,100,000.		10,00
	sts. Complete this line only if the organization				
-	I in column (B) joint costs from a combined				
educatio	onal campaign and fundraising solicitation.				

<u>Form 990 (</u>	2019)	THE	FORUM	ON	EDUCATION	ABROAD
Part X	Balance Sheet					
	Check if Schedule	O cor	itains a r	espo	onse or note t	o any line in this Part X

		Check in Schedule O contains a response of hot		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			276,086.	1	344,018.
	2	Savings and temporary cash investments			94,299.	2	76,126,
	3	Pledges and grants receivable, net				3	· · · · ·
	4	Accounts receivable, net			17,461.	4	35,557
	5	Loans and other receivables from any current or			,	-	,
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	Ū	under section 4958(f)(1)), and persons described	-			6	
	7	Notes and loans receivable, net				7	
sets	8	Inventories for sale or use			8,890.	8	
Assets	9	Description of a second state of a formula to be a second			19,168.	9	45,224
-		Land, buildings, and equipment: cost or other	 I	 I		5	,
	104	basis. Complete Part VI of Schedule D	10a				
	h	Less: accumulated depreciation	10a			10c	
	11					11	
	12	Investments - publicly traded securities			1,994,101.	12	2,006,993.
	12 13				1,334,101.	13	2,000,000.
		Investments - program-related. See Part IV, line -					
	14 15	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,410,005.	15	2,507,918.
	16	Total assets. Add lines 1 through 15 (must equa			283,544.	16	2,307,510
	17	Accounts payable and accrued expenses			203,344.	17	25,015.
	18	Grants payable			422 526	18	202 462
	19	Deferred revenue			432,526.	19	303,462.
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
oiliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	260.400
-	23	Secured mortgages and notes payable to unrela				23	360,428.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D				25	<u> </u>
	26				716,070.	26	687,703.
ß		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🛛			
ice;		and complete lines 27, 28, 32, and 33.			4 506 405		4 544 262
alar	27	Net assets without donor restrictions			1,596,107.	27	1,714,362.
ΪBέ	28	Net assets with donor restrictions			97,828.	28	105,853.
nuc		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🔛			
۲ ۲		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	,			31	
Ne	32	Total net assets or fund balances			1,693,935.	32	1,820,215.
	33	Total liabilities and net assets/fund balances			2,410,005.	33	2,507,918. Form 990 (2019

Form **990** (2019)

Form	1990 (2019) THE FORUM ON EDUCATION ABROAD	23-3100062	2	Pa	_{ge} 12	
	rt XI Reconciliation of Net Assets				<u>a-</u>	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	667,	200.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	476,	090.	
3	Revenue less expenses. Subtract line 2 from line 1	3		191,	110.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5		-64,	830.	
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 on Schedule O)	9			٥.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	820,	215.	
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 C).				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit				
	Act and OMB Circular A-133?	·····	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000		

Form **990** (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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
2019
Open to Public

•	Shen	ιU	•	ub	inc
	Ins	peo	cti	on	

Nar	ne of t	he organization							identification number	
D			RUM ON EDUCATIO						23-3100062	
	art I	Reason for Public (e instructions	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	I)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	\square	An organization that norma	-					ne general r	oublic described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research org				ad in conii	unction with a	land-grant	college	
3		or university or a non-land-g								
		-	grant college of agrici			name, city	, and state of	the college		
10	X	university:	Illy receivers (1) mere	then 22 1/20/ of its sure	o out from o	ontributio	no momborol	in face on	d areas ressints from	
10		An organization that norma								
		activities related to its exem								
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	iπer June 30, 1975.	
		See section 509(a)(2). (Cor								
11		An organization organized a	-	•	•				_	
12		An organization organized a	-	•				-		
		more publicly supported or							Check the box in	
		lines 12a through 12d that o	• •					-		
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	Ipporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
k		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.			
c	ı 🗌	Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness	
		requirement (see instructi			•		-			
e		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I. Type	II. Type III		
		functionally integrated, or					51 5 51	, ,,		
f	f Enter the number of supported organizations									
c		vide the following information	•							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Tot	ai								1	

Schedule A (Form 990 or 990-EZ) 2019 THE FORUM ON EDUCATION ABROAD

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.)

Sect	ion A. Public Support			_		_	
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 G	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
2 T	ax revenues levied for the organ-						
iz	zation's benefit and either paid to						
0	r expended on its behalf						
3 T	he value of services or facilities						
fu	urnished by a governmental unit to						
	he organization without charge						
4 T	otal. Add lines 1 through 3						
5 T	he portion of total contributions						
	y each person (other than a						
g	overnmental unit or publicly						
	upported organization) included						
	on line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)						
	Public support. Subtract line 5 from line 4.						
	ion B. Total Support						
	ar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	mounts from line 4						
	Bross income from interest,						
	lividends, payments received on						
	ecurities loans, rents, royalties,						
	nd income from similar sources						
	Net income from unrelated business						
	ctivities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	r loss from the sale of capital						
	ssets (Explain in Part VI.)						
	otal support. Add lines 7 through 10		\ \			40	
	Bross receipts from related activities,					12	
	irst five years. If the Form 990 is for	-			•		
	rganization, check this box and stor ion C. Computation of Publi						
	Public support percentage for 2019 (li		-	column (f))		14	%
	Public support percentage from 2018					15	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	3 1/3% support test - 2019. If the c					· · ·	
	top here. The organization qualifies	•					
	3 1/3% support test - 2018. If the c		-				
	and stop here. The organization qual						
	0% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	neets the "facts-and-circumstances"				•	•	. —
	0% -facts-and-circumstances test	-	-				
	nore, and if the organization meets th	-					
	rganization meets the "facts-and-circ						- ▶□
	Private foundation. If the organizatio						s >

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 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.)

Section A. Public Support (d) 2018 **(e)** 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5,200 5,200 include any "unusual grants.") 72,278 695,759. 773,043 1,551,480. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1,741,527. 1,929,805. 1,948,852. 1,376,014, 759,859. 7,756,057. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1,813,805 1,935,005, 1,954,052 2,071,773, 1,532,902, 9,307,537. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0. 9,307,537. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 1,813,805 1,935,005 1,954,052 2,071,773 1,532,902 9,307,537. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 52,272, 62,244 67,843 73,244, 92,129, 347,732. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 52,272, 62,244 67,843 73,244, 92,129 347,732. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2,021,895. 2,145,017. 1,866,077. 1,997,249. 1,625,031, 9,655,269. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 96.40 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) % 15 15 97.06 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f) 3.60 17 % 2.94 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. 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 ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		00 00		0040

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	1 ago
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions.
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Secti	on A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
-	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a nen functional			

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 THE FORUM ON EDUCATION ABROAD

Section D - Distributions Current Year 1 Amounts paid to perform activity that directly furthers exempt purposes Current Year 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Current Year 3 Administrative expenses particle assorts Current Year 4 Amounts paid to accomplete assorts Current Year 5 Caulified statistic expenses pair (prime IPS approval required) Current Year 6 Chard distributions, fadd lense; 1through 6. Exection 1 7 Total amound distributions, fadd lense; 1through 6. Exection 2 9 Distributions to attentive supported organizations to which the organizations to represent the component of the same component of	Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	Zo ortootoz Page /
2 Anounts paid to perform activity that directly furthers exempt purposes of supported organizations 4 Administrative expenses paid to accompleth exempt purposes of supported organizations 4 Administrative expenses paid to accompleth exempt purposes of supported organizations 5 Chalified estade amounts (prior IRS approval required) 6 Other distributions (discribe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount 9 Ibistributable amount for 2019 from Section C, line 6 11 Underdistributions Underdistributions 12 Underdistributions (prior magnetic concline is responsive (provide deplain in Part VI). See instructions. Image: Part Part Part Part Part Part Part Part	Secti			(continuou)	Current Year
organizations, in excess of income from activity 3 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 4 Anounts and to acquire exempt use asset 5 5 Outlified statistic exempt use asset 5 6 Other distributions (discributions (discributions (discributions (discributions)) 1 7 Total annual distributions, Add lines 1 through 5. 5 9 Distributations (discributions) 1 9 Distributations (discributations) 1 <td>1</td> <td>Amounts paid to supported organizations to accomplish exer</td> <td>mpt purposes</td> <td></td> <td></td>	1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Anounts paid to acquire exampt use assets 5 Outlifed estable amount for CIPS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Destribution and distributions. Add lines 1 through 6. 9 Line 8 amount divided by line 9 amount (i) Inderdistributions for 2019 from Section C, line 6 2 Underdistributions for yours prior to 2019 (reason- able cause required: explain in Part VI). See instructions. 3 Excass distributions carryover, if any, to 2019 a From 2015 Entrol 1 c From 2016 Entrol 1 d From 2018 Entrol 1 1 Total of lines 3a. through e 1 Carryover from 2014 not paided (see instructions) 1 Form 2015 c From 2016 Entrol 1 1 Total of lines 3a. through e 1 Carryover from 2014 not paided (see instructions) 1	2	Amounts paid to perform activity that directly furthers exemp			
4 Amounts paid to acquire exemptuse assets 5 Qualified set-aside amounts (prior IRS approval required) 7 Total amounts (prior IRS approval required) 8 Other distributions, Add lines 1 through 6. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions of attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions afforts (provide details or provide details in Part VI). See instructions. 1 Distributions of provide or 2019 from Section C, line 6 2 Underdistributions, and provide or 2019 (reason- able cause required- explain in Part VI). See instructions. 3 Excess distributions of provide or 2019 (reason- able cause required- explain in Part VI). See instructions. 4 From 2014 9 From 2015 1 Total of lines 3a through e 1 Total of lines 3a through e 1 Applied to underdistributions of prior years 1 Applied to underdistributions of prior years 1 <t< th=""><td></td><td>organizations, in excess of income from activity</td><td></td></t<>		organizations, in excess of income from activity			
5 Qualified set aside amounts (prior IPS approval required) 6 Other distributions. Add lines 1 through 6. 7 Total annual distributions. Add lines 1 through 6. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) Cline 6 2 Underdistributions 11 Distributable amount for 2019 from Section C, line 6 2 Underdistributions (see instructions) 12 Excess Distributions 3 Excess distributions carryover, if any, to 2019 (reson- able cause required explaint Part VI). See instructions. 3 Excess distributions arryover, if any, to 2019 4 From 2016 5 From 2016 6 From 2016 7 Ford and lines 3a through e 9 Applied to underdistributions of prior years 1 Applied to underdistributions of prior years 1 Applied to 2019 distributable amount 1 Carryover from 2014 not 24, and 34 from 4. 5 Remaining	3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) 2 Underdistributions 3 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reason- able cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 4 From 2014 5 From 2015 6 From 2016 7 Total of lines 3a through e 9 Applied to underdistributions of prior years 10 Applied to underdistributions of prior years 11 Carryover from 2014 not applied (see instructions) 12 Garryover from 2014 not applied (see instructions) 13 Remainder, Subtract lines 3g, and 3i from 3f. 14 Bernander, Subtract lines 3g, and 3i f	4	Amounts paid to acquire exempt-use assets			
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide deliais in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide deliais in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount 9 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required: explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2015 Environment of 2019 distributable amount c From 2016 Environment of 2019 distributable amount 1 Carryover from 2014 not applied (see instructions) 1 Rampider Subtact lines 30, sh and 31 from 34. 4 Distributions of prior years h Applied to underdistributions of prior years Internet of the amount i Ramainder, Subtract lines 30, sh and 31 from 34. Internet of the amount i Remainder, Subtract lines 30, and 31 from 34. Internet of the amount i Remainder, subtract lines 30, and 31 from 34. Internet of the amount	5	Qualified set-aside amounts (prior IRS approval required)			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Image: Construction of Construction	6	Other distributions (describe in Part VI). See instructions.			
g. Distributable amount for 2019 from Section C, line 6 0 Line 8 amount divided by line 9 amount (i) Underdistributions (ii) Underdistributions 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, tory ears prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 Excess distributions of prior years b From 2015 Excess distributable amount c From 2016 Excess distributions of prior years h Applied to underdistributions of prior years Excess distributions of prior years h Applied to 2019 distributable amount Excess distributions of prior years h Applied to 2019 distributable amount Excess distributions of prior years h Applied to 2019 distributable amount Excess distributions of prior years h Applied to 2019 distributable amount Excess distributions of prior years h Applied to 2019 distributable amount Excess distributions of prior years a Applied to 2019 distributable amount Excess distributions for years b Applied to 2019 distributable amount Excess distributions for years b Applied to 2019 distributable amount	7	Total annual distributions. Add lines 1 through 6.			
9 Distributable amount for 2019 from Section C, line 6 (i) (ii) (iii) (iii) 9 Distribution Allocations (see instructions) Excess Distributions (iii) (iii) (iii) 9 Distributable amount for 2019 from Section C, line 6 (iii) (iii) (iii) Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, tor years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 2 2 3 Excess distributions carryover, if any, to 2019 2 2 4 From 2015 2 </th <td>8</td> <td>Distributions to attentive supported organizations to which the</td> <td>ne organization is responsive</td> <td></td> <td></td>	8	Distributions to attentive supported organizations to which the	ne organization is responsive		
10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) Excess Distributions (iii) (iii) Distributable Amount for 2019 from Section C, line 6 1 Distributable amount for 2019 from Section C, line 6 Image: Section E - Distributions carryover, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. Image: Section E - Distributions carryover, if any, to 2019 3 Excess distributions carryover, if any, to 2019 Image: Section E - Distributions carryover, if any, to 2019 4 From 2015 Image: Section E - Distributions of part VI). See instructions. Image: Section E - Distributions of part VI = Section E - Distributable Amount I = Section E - Distributable Amount I = Corryover from 2014 not applied (see instructions) Image: Section E - Distributable Amount I = Corryover from 2014 not applied (see instructions) 1 Carryover from 2014 not applied (see instructions) Image: Section E - Distributions of prior years Image: Section E - Distributable Amount I = Corryover from 2014 not applied (see instructions) 1 Remainder. Subtract lines 30, 3n, and 31 from 3f. Image: Section E - Distributable Amount I = Corryover Coryover Corryover Corryover Cory		(provide details in Part VI). See instructions.			
(i) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) Distributable 1 Distributable amount for 2019 from Section C, line 6 Image: Section C, line 6	9	Distributable amount for 2019 from Section C, line 6			
Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2019 Distributable Amount for 2019 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reason- able cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 4 From 2014	10	Line 8 amount divided by line 9 amount			
Section 1 * Distributable amount for 2019 from Section C, line 6 Pre-2019 Amount for 2019 1 Distributable amount for 2019 from Section C, line 6 Image: Section C, line 6 Image: Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. Image: Section C, line 6 Image: Section C, line 6 3 Excess distributions carryover, if any, to 2019 Image: Section C, line 6 Image: Section C, line 6 4 From 2016 Image: Section C, line 6 Image: Section C, line 6 Image: Section C, line 6 6 From 2016 Image: Section C, line 6 Image: Section C, line 6 Image: Section C, line 6 6 From 2016 Image: Section C, line 6 Image: Section C, line 6 Image: Section C, line 6 7 From 2018 Image: Section C, line 6 Image: Section C, line 6 Image: Section C, line 6 1 Carryover from 2014 not applied (see instructions) Image: Section C, line 6 Image: Section C, line 6 Image: Section C, line 6 1 Carryover from 2014 not applied (see instructions) Image: Section C, line 7: Sectinstructions. Image: Section C, line 7:			(i)	(ii)	(iii)
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a Excess from 2015 and and an	7				
a Excess from 2015 and and an	8	Breakdown of line 7:			
c Excess from 2017	a				
	b	Excess from 2016			
d Excess from 2018	с	Excess from 2017			
	d	Excess from 2018			
e Excess from 2019	е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 THE FORM ON EDUCATION ABROAD 23-5100002 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

Name of t	the or	rganiza	tion
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Organization type (check of	one):
Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

THE FORUM ON EDUCATION ABROAD

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year **Long** the year **Long** to the parts unless the **Long** the year **Long** the yea

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 2 Employer identification number

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THE	FORUM	ON	EDUCATION	ABROAD	
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Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SARA'S WISH FOUNDATION 23 ASH LANE AMHERST, MA 01002	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

THE FORUM ON EDUCATION ABROAD

23-3100062

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Page **4**

Name of or	ganization		Employer identification numbe			
THE FORU	M ON EDUCATION ABROAD		23-3100062			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea ntry. For organizations r less for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gif	ift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gif	ift Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ŀ	(e) Transfer of gift					
	Transferee's name, address, and	□ ∠IP + 4 	Relationship of transferor to transferee			

SCHEDULE [)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	THE FORUM ON EDUCATION ABROAD			23-3100062
Pa	rt I Organizations Maintaining Donor Advised Funds	or Other Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		a) Donor advised funds	(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 writing that	at the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's exclusive	legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	for charitable purposes and not for the benefit of the donor or donor ad	dvisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pa	TII Conservation Easements. Complete if the organization	answered "Yes" on Form 990, I	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (for example, recreation or edu	ucation)	f a historically imp	oortant land area
	Protection of natural habitat	Preservation of	f a certified histor	ic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form	of a conservation	easement on the last
	day of the tax year.		He	ld 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 incl	luded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a historic structu	ıre	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the	organization dur	ing the tax
	year ►			
4	Number of states where property subject to conservation easement is	located		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing cons	servation easeme	nts during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservat	tion easements d	uring the year
_	► \$			
8	Does each conservation easement reported on line 2(d) above satisfy the			
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemed			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial stateme	ents that describe	es the
Da	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Art, His	storical Treasures or Ot	hor Similar A	ecote
га				55615.
4.	Complete if the organization answered "Yes" on Form 990, Part			
1a	If the organization elected, as permitted under FASB ASC 958, not to r	•		
	of art, historical treasures, or other similar assets held for public exhibit		•	lic
L.	service, provide in Part XIII the text of the footnote to its financial state			ulua af
b	If the organization elected, as permitted under FASB ASC 958, to repo			
	art, historical treasures, or other similar assets held for public exhibition	1, education, or research in furth	ierance of public	service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
~		- Marine Starfferenza da Cara Cara da Isla		
2	If the organization received or held works of art, historical treasures, or		i gain, provide	
	the following amounts required to be reported under FASB ASC 958 re	*	• •	
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form	1990.	Sc	hedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 THE FORUM O	N EDUCATION ABR	OAD			23-310	0062	<u> </u>	Page 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	conti	nued)	
3	Using the organization's acquisition, accessio	on, and other records	s, check any of the f	ollowing that make s	significant	use of its		,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b									
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII		
5	During the year, did the organization solicit or								
•	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Parl		ine in the engliment			, . . , .			
1a	Is the organization an agent, trustee, custodia		ary for contributions	s or other assets not	included				
Ĩ	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a					∟		L	
D			owing table.				Amoun	+	
~	Beginning balance				1c		Amoun	<u>.</u>	
	Additions during the year								
f	Distributions during the year								
20	Ending balance Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.					····· ∟			
Par		the organization and	swered "Yes" on Fo	rm 990 Part IV line	10				
		(a) Current year	(b) Prior year	(c) Two years back		years back	(a) Fou	r veare	hack
10	Beginning of year balance	1,994,101.	1,870,077.	1,796,641.		78,775.		,604,	
		-,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,000.		95,000.			,000.
b									
ט הו	Net investment earnings, gains, and losses	20,007.	100,021.	112,010.				,	
	Grants or scholarships								
е	Other expenditures for facilities			79 412		72 940		61	102.
	and programs	13,715.	12 900	79,412.		72,940.		01,	IUZ.
t	Administrative expenses	-	12,800.	1 070 077	1 7	06 641	1	E 7 0	775
g	End of year balance	2,006,993.	1,994,101.		1,1	90,041.	1	, 578,	,775.
2	Provide the estimated percentage of the curre) held as:					
a	Board designated or quasi-endowment	95.35	_%						
	Permanent endowment	%							
с	Term endowment 4.65 g								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	id administered for t	he organiza	ation			T
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Fai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered		, ,	, 	,				
	Description of property	(a) Cost or of			Accumulate		(d) Boo	k valu	ie
		basis (investm	ient) basis	(other) de	epreciation				
	Land								
	Buildings								
	Leasehold improvements								
d	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ec	qual Form 990, Part X	K. column (B), line 10	0 <u>c.)</u>					0.
						Schedule	D (Forr	n 990)) 2019

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DICKINSON COLLEGE ENDOWMENT FUND	2,006,993.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	2,006,993.	

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if 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)		
Total. (Column	b) must equal Form 990, Part X, col. (B) line 15.) her Liabilities.	
Part X O	her Liabilities.	
T UTC X		
	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
		(b) Book value
Co 1.	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
Co 1.	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
Cc 1. (1) Federal	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
Cc 1. (1) Federal (2)	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
Cc 1. (1) Federal (2) (3)	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
Cc 1. (1) Federal (2) (3) (4)	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
Cc 1. (1) Federal (2) (3) (4) (5)	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
Cc 1. (1) Federal (2) (3) (4) (5) (6)	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
Cc 1. (1) Federal (2) (3) (4) (5) (6) (7)	mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

Sche	dule D (Form 990) 2019 THE FORUM ON EDUCATION ABROAD			23-3100062	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,673,126.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-64,830.		
b	Donated services and use of facilities	2b	84,471.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	19,641.
3	Subtract line 2e from line 1			3	1,653,485.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,715.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	13,715.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,667,200.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	1,546,846.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	84,471.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	84,471.
3	Subtract line 2e from line 1			3	1,462,375.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,715.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	13,715.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u>})</u>		5	1,476,090.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	tion.		

PART X, LINE 2:

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

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

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

ENTITY LEVEL INCLUDE THE CONTINUING VALIDITY OF ITS EXEMPT ORGANIZATION

STATUS, POTENTIAL FILING REQUIREMENT FOR UNRELATED BUSINESS INCOME AND

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

Part XIII Supplemental Information (continued)

JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS

IN PROGRESS.

PART V, LINE 4

THE FORUM ON EDUCATION ABROAD HAS INVESTED IN THE DICKINSON COLLEGE

ENDOWMENT FUND FOR THE PURPOSE OF ENHANCING THE GROWTH OF ITS OPERATING

ACCOUNT, WITH THE INTENT THAT THE INCOME WILL PROVIDE SUPPORT FOR THE

FORUM ON EDUCATION ABORAD PROGRAMMING.

SCHEDULE O	Supplemental Information to Form 990 or 990-	-EZ	OMB No. 1545-0047				
(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.		2019				
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection				
Name of the organization			identification number				
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 I	DEFINITIVE MEANS BY WHICH THE QUALITY OF EDUCATION						
ABROAD PROGRAMS MAY	BE JUDGED. THE FORUM'S 800+ INSTITUTIONAL MEMBERS						
INCLUDE U.S. COLLEC	SES AND UNIVERSITIES, OVERSEAS INSTITUTIONS,						
CONSORTIA, AGENCIES	, PROVIDER ORGANIZATIONS AND FOUNDATIONS. THE FORUM						
FOCUSES ON DEVELOP	ING AND IMPLEMENTING STANDARDS OF GOOD PRACTICE,						
ENCOURAGING AND SUP	PPORTING RESEARCH INITIATIVES, AND OFFERING						
EDUCATIONAL PROGRAM	AS AND RESOURCES TO ITS MEMBERS. THE FORUM CULTIVATES						
EDUCATORS WHO CHAM	PION HIGH-QUALITY EDUCATION ABROAD EXPERIENCES THAT						
IGNITE CURIOSITY, 1	IMPACT LIVES, AND CONTRIBUTE TO A BETTER WORLD.						
FORM 990, PART VI,	SECTION A, LINE 3:						
THE FORUM HAS A MAN	NAGEMENT CONTRACT WITH DICKINSON COLLEGE. UNDER THE TERMS						
OF THE MANAGEMENT (CONTRACT, DICKINSON COLLEGE PROVIDES OFFICE SPACE AND						
SUPPORT, PAYROLL AN	ND BENEFITS, AND HUMAN RESOURCES.						
THE EMPLPOYEES OF 7	THE FORUM ARE PAID FOR SERVICES TO THE FORUM THROUGH THE						
MANAGEMENT CONTRACT	۲.						
FORM 990, PART VI,	SECTION A, LINE 6:						
THERE ARE THE FOLLO	WING TYPES OF MEMBERSHIPS: CHARITABLE ORGANIZATIONS,						
INDIVIDUAL, ASSOCIA	INDIVIDUAL, ASSOCIATE MEMBER, INTERNATIONAL INSTITUTION, PROVIDER,						
UNDERREPRESENTED, U	JNIVERSITY SYSTEM, AND U.S. INSTITUTION.						

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

MEMBERS APPROVE CHANGES TO THE BY-LAWS.

Schedule O	(Form 990 o	or 990-EZ)	(2019))
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Name of the organization

THE FORUM ON EDUCATION ABROAD

Page 2 Employer identification number 23-3100062

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'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 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:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

(Rev. January 2020)

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

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

► Go to www.irs.gov/Form8868 for the latest information.

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

Type of print	r Name of exempt organization or other filer, see insi	tructions.		Taxpayer identification number (1		on number (TIN)	
print	THE FORUM ON EDUCATION ABROAD 23-3100062				00062		
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box DICKINSON COLLEGE PO BOX 1773	, see instruct	ions.	I			
	eturn. See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see 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				
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	2990-T (corporation) 1041-A 4720 (other than individual) 5227 6069 8870 RLISLE, PA 17013 No. ▶			
Form 9	90-BL	02	Form 1041-A	Form 1041-A			
Form 4	720 (individual)	03	Form 4720 (other than individual)	09			
Form 9	90-PF	04	Form 5227	ridual)			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
 The books are in the care of ▶ DICKINSON COLLEGE PO BOX 1773 - CARLISLE, PA 17013 Telephone No. ▶ 717-245-1031 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box 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 TINs of all members the extension is for. I request an automatic 6-month extension of time untilMAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶, calendar year or ★ X tax year beginning JUL 1, 2019, and ending JUN 30, 2020 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 							
	f this application is for Forms 990-BL, 990-PF, 990-T, 472 ny nonrefundable credits. See instructions.	20, or 6069, e	enter the tentative tax, less	3a	\$	0.	
-	f this application is for Forms 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and				
e	stimated tax payments made. Include any prior year over	erpayment all	owed as a credit	3b	\$	0.	
-	Balance due. Subtract line 3b from line 3a. Include your						
ı	ising EFTPS (Electronic Federal Tax Payment System). S	See instructio	ns.	3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdraw tions.	val (direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 887	9-EO for payment	

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

Form 8868 (Rev. 1-2020)