## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Comparison   Com	A	ror t	the 2020 calendar year, or tax year beginning 301 1, 2020	and ending	JUN 30, 2021					
Doing business as   Call Annaber and street (or P.O. box il mail is not delivered to street address)   Room/sulfs   Telephone number   717-245-1031	В	Check applica	: if able: C Name of organization		D Employer identifi	ication number				
Disring business as   Number and street (or P.O. box if mail is not delivered to street address)   Room/suite   E Telephone number   737-745-1031	X									
Number and street (of P.U. 6ox if mail is not advised to street address)   Noorisults   Felephone number   Part		cha	ange Doing business as	Doing business as						
No.   Section		Initi: retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone numbe	er				
ALLIESUR, PA SUMPLIFIED BY TOTAL TOTAL STATE OF PATE O		Fina	nal 28 NORTH COLLEGE STREET	28 NORTH COLLEGE STREET						
TARKALASIA, PA 17013   FA 17013   FA 17013   FARMALASIA, PA 17013   FA 17013   FARMALASIA, PA 17013   FARMALASIA, PA 17013   FARMALASIA		ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	1,569,439.					
Figure   F		Ame retu	rended CARLISLE, PA 17013	CARLISLE, PA 17013 H(a) Is this a g						
Personne   SAME AS C ABOVE   Care   Memory   Memory   Care   Memory   Me		App tion	plica- n F Name and address of principal officer: MELISSA TORRES		for subordinates	s? Yes X No				
Take-exempt status:		pen			H(b) Are all subordinates i	ncluded? Yes No				
Website:	T	Tax-e	exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(	a)(1) or 52						
Part   Summary					-					
Part   Summary			·	L Yea						
THE STANDARDS DEVELOPMENT ORGANIZATION FOR EDUCATION ABROAD  2 Check this box				, =						
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (setsmate if necessary)  8 Contributions and grants (Part VIII, clolmn (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, clolmn (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  13 Grants and similar amounts paid (Part IX, column (A), line 11)  14 Benefits paid to or for members (Part IX, column (A), line 11)  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 11)  16 Professional fundraising sees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 18 from line 20  19 Signature Block  10 MAIRE DUESSEL, CPA S Firm's address   1800 LINGLISTONN RoAD, SUITE 306  Firm's address   1800 LINGLISTONN RoAD, SUITE 306  10 HARRISBURG, PA 17110  10 Friedrach (Part IX)   10 Line 1712   10 Line 1	4		Briefly describe the organization's mission or most significant activities: MEN	MBERSHIP ORG	SANIZATION THAT IS					
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (setsmate if necessary)  8 Contributions and grants (Part VIII, clolmn (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, clolmn (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  13 Grants and similar amounts paid (Part IX, column (A), line 11)  14 Benefits paid to or for members (Part IX, column (A), line 11)  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 11)  16 Professional fundraising sees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 18 from line 20  19 Signature Block  10 MAIRE DUESSEL, CPA S Firm's address   1800 LINGLISTONN RoAD, SUITE 306  Firm's address   1800 LINGLISTONN RoAD, SUITE 306  10 HARRISBURG, PA 17110  10 Friedrach (Part IX)   10 Line 1712   10 Line 1	Š	<u> </u>								
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (setsmate if necessary)  8 Contributions and grants (Part VIII, clolmn (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, clolmn (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  13 Grants and similar amounts paid (Part IX, column (A), line 11)  14 Benefits paid to or for members (Part IX, column (A), line 11)  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 11)  16 Professional fundraising sees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 18 from line 20  19 Signature Block  10 MAIRE DUESSEL, CPA S Firm's address   1800 LINGLISTONN RoAD, SUITE 306  Firm's address   1800 LINGLISTONN RoAD, SUITE 306  10 HARRISBURG, PA 17110  10 Friedrach (Part IX)   10 Line 1712   10 Line 1	ŗ	2	Check this box 🕨 📖 if the organization discontinued its operations or d	lisposed of mor	e than 25% of its net as	sets.				
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (setsmate if necessary)  8 Contributions and grants (Part VIII, clolmn (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, clolmn (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  13 Grants and similar amounts paid (Part IX, column (A), line 11)  14 Benefits paid to or for members (Part IX, column (A), line 11)  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 11)  16 Professional fundraising sees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 18 from line 20  19 Signature Block  10 MAIRE DUESSEL, CPA S Firm's address   1800 LINGLISTONN RoAD, SUITE 306  Firm's address   1800 LINGLISTONN RoAD, SUITE 306  10 HARRISBURG, PA 17110  10 Friedrach (Part IX)   10 Line 1712   10 Line 1	9	3	Number of voting members of the governing body (Part VI, line 1a)		3	20				
Solution			Number of independent voting members of the governing body (Part VI, line	1b)	4	20				
Solution		5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0				
Solution		6				467				
Solution		7				0.				
Prior Year	٩	ן				0.				
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising feese (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f24e) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 ,177. 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total ilabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name Preparer Use Only Firm's address 1800 LinsQueston ROAD, SUITE 306 Phone no.717-232-1230					Prior Year	Current Year				
9 Program service revenue (Part VIII, line 2g) 1 1,566,771 1,132,146. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 10 Total fundraising expenses (Part IX, column (A), line 11e) 10 Total expenses (Part IX, column (A), lines 11-11d, 11f-24e) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Egipharure Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  PrimtType preparer's name Preparer Use Only Firm's address 1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110 Phone no.717-232-1230	9	8	Contributions and grants (Part VIII, line 1h)		8,300.	335,856.				
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part XI, column (A), line 12)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Lotal assets or fund balances. Subtract line 21 from line 20  24 Lotal assets or fund balances. Subtract line 21 from line 20  25 Lotal assets or fund balances. Subtract line 21 from line 20  25 Lotal assets or fund balances. Subtract line 21 from line 20  26 Lotal assets or fund balances. Subtract line 21 from line 20  27 Lotal liabilities (Part X, line 26)  28 Lotal assets or fund balances. Subtract line 21 from line 20  29 Lotal assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Lotal assets or fund balances. Subtract line 21 from line 20  20 Lotal assets or fund balances. Subtract line 21 from line 20  20 Lotal assets or fund balances. Subtract line 21 from line 20  21 Lotal liabilities (Part X, line 26)  22 Lotal assets or fund balances. Subtract line 21 from line 20  22 Lotal assets or fund balances. Subtract line 21 from line 20  23 Lotal assets or fund balances. Subtract line 21 from line 20  24 Lotal assets or fund balances. Subtract line 21 from line 20  25 Lotal assets or fund balances. Subtract line 21 from line 20  26 Lotal assets or fund balances. Subtract line 21 from line 20  27 Lotal liabilities (Part X, line 26)  28 Lotal assets or fund balances. Subtract line 21 from line 20  29 Lotal assets or fund balances. Subtract line 21 from line 20  20 Lo		9			1,566,771.	1,132,146.				
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part XI, column (A), line 12)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Lotal assets or fund balances. Subtract line 21 from line 20  24 Lotal assets or fund balances. Subtract line 21 from line 20  25 Lotal assets or fund balances. Subtract line 21 from line 20  25 Lotal assets or fund balances. Subtract line 21 from line 20  26 Lotal assets or fund balances. Subtract line 21 from line 20  27 Lotal liabilities (Part X, line 26)  28 Lotal assets or fund balances. Subtract line 21 from line 20  29 Lotal assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Lotal assets or fund balances. Subtract line 21 from line 20  20 Lotal assets or fund balances. Subtract line 21 from line 20  20 Lotal assets or fund balances. Subtract line 21 from line 20  21 Lotal liabilities (Part X, line 26)  22 Lotal assets or fund balances. Subtract line 21 from line 20  22 Lotal assets or fund balances. Subtract line 21 from line 20  23 Lotal assets or fund balances. Subtract line 21 from line 20  24 Lotal assets or fund balances. Subtract line 21 from line 20  25 Lotal assets or fund balances. Subtract line 21 from line 20  26 Lotal assets or fund balances. Subtract line 21 from line 20  27 Lotal liabilities (Part X, line 26)  28 Lotal assets or fund balances. Subtract line 21 from line 20  29 Lotal assets or fund balances. Subtract line 21 from line 20  20 Lo	9	10			92,129.	101,437.				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ď	11			0.	0.				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Let assets or fund balances. Subtract line 21 from line 20 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name LISA A. RITTER  Preparer Firm's address 1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110  D					1,667,200.	1,569,439.				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 19 Revenue less expenses. Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 12 Net assets or fund balances. Subtract line 21 from line 20 13 Jego 20 14 Total liabilities (Part X, line 26) 15 Signature Block 16 Jego 20 16 Jego 20 17 Total liabilities (Part X, line 26) 17 Total part liabilities (Part X, line 26) 18 Jego 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Jego 20 24 Jego 20 25 Jego 20 26 Jego 20 27 Jego 20 28 Jego 20 29 Jego 20 20 Je					0.	0.				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.				0.	0.					
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name LISA A. RITTER  Preparer  Preparer  Preparer  Preparer  Preparer  Firm's name MAHER DUESSEL, CPA'S  Firm's address 1800 LINGLESTOWN ROAD, SUITE 306  HARRISBURG, PA 17110  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	,,	45		0.	0.					
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  1,476,090.  1,363,447.  19 Revenue less expenses. Subtract line 18 from line 12  191,110.  205,992.  191,110.  20,001,992.  191,110.  205,992.  191,110.  20,001,992.  191,110.  205,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  205,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  2	ď	16		0.	0.					
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  1,476,090.  1,363,447.  19 Revenue less expenses. Subtract line 18 from line 12  191,110.  205,992.  191,110.  20,001,992.  191,110.  205,992.  191,110.  20,001,992.  191,110.  205,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  205,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  191,110.  20,001,992.  2	9			0 100						
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  1,476,090. 1,363,447. 19 Revenue less expenses. Subtract line 18 from line 12  191,110. 205,992.  Beginning of Current Year End of Year  2,507,918. 3,527,485.  21 Total liabilities (Part X, line 26) 887,703. 887,710.  Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign MELISSA TORRES, PRESIDENT & CEO Type or print name and title  Print/Type preparer's name LISA A. RITTER  Preparer's signature  Preparer's signature  Bate  Date  Check PTIN Firm's name MAHER DUESSEL, CPA'S Firm's name MAHER DUESSEL, CPA'S Firm's name MAHER DUESSEL, CPA'S Firm's address Name LISA A. RITTER  Print's EIN 25-1622758  Phone no. 717-232-1230	Ĭ	<u>17</u>			1,476,090.	1,363,447.				
19   Revenue less expenses. Subtract line 18 from line 12   191,110.   205,992.						<u> </u>				
Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 2 , 507, 918. 3 , 527, 485. 21 Total liabilities (Part X, line 26) 887,710. 22 Net assets or fund balances. Subtract line 21 from line 20 1 , 820 , 215. 2 , 639,775.  Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name LISA A. RITTER  Preparer  Firm's name MAHER DUESSEL, CPA'S Firm's address 1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110  Phone no.717-232-1230										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MELISSA TORRES, PRESIDENT & CEO Type or print name and title  Print/Type preparer's name LISA A. RITTER  Preparer  LISA A. RITTER  Preparer  Firm's name  MAHER DUESSEL, CPA'S  Firm's EIN  1800 LINGLESTOWN ROAD, SUITE 306  HARRISBURG, PA 17110  Phone no.717-232-1230	JC				Seginning of Current Year	End of Year				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MELISSA TORRES, PRESIDENT & CEO Type or print name and title  Print/Type preparer's name LISA A. RITTER  Preparer  LISA A. RITTER  Preparer  Firm's name  MAHER DUESSEL, CPA'S  Firm's EIN  1800 LINGLESTOWN ROAD, SUITE 306  HARRISBURG, PA 17110  Phone no.717-232-1230	ets (	an 20	Total assets (Part X line 16)	-						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MELISSA TORRES, PRESIDENT & CEO Type or print name and title  Print/Type preparer's name LISA A. RITTER  Preparer  LISA A. RITTER  Preparer  Firm's name  MAHER DUESSEL, CPA'S  Firm's EIN  1800 LINGLESTOWN ROAD, SUITE 306  HARRISBURG, PA 17110  Phone no.717-232-1230	Ass	eg - 3								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MELISSA TORRES, PRESIDENT & CEO Type or print name and title  Print/Type preparer's name LISA A. RITTER  Preparer  LISA A. RITTER  Preparer  Firm's name  MAHER DUESSEL, CPA'S  Firm's EIN  1800 LINGLESTOWN ROAD, SUITE 306  HARRISBURG, PA 17110  Phone no.717-232-1230	Net	22								
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MELISSA TORRES, PRESIDENT & CEO Type or print name and title  Print/Type preparer's name LISA A. RITTER  Preparer  LISA A. RITTER  Preparer's signature  Date  2/2/22  Check PTIN  ### Proparer's signature  Prim's name  MAHER DUESSEL, CPA'S  Firm's address  1800 LINGLESTOWN ROAD, SUITE 306  HARRISBURG, PA 17110  Phone no.717-232-1230	P	art I			, ,	, ,				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MELISSA TORRES, PRESIDENT & CEO Type or print name and title  Print/Type preparer's name LISA A. RITTER  Preparer  LISA A. RITTER  Preparer's signature  Date  2/2/22  Check PTIN  ### Proparer's signature  Prim's name  MAHER DUESSEL, CPA'S  Firm's address  1800 LINGLESTOWN ROAD, SUITE 306  HARRISBURG, PA 17110  Phone no.717-232-1230	Und	der pe	enalties of perjury, I declare that I have examined this return, including accompanying sch	edules and stater	nents, and to the best of m	y knowledge and belief, it is				
Sign Here    Signature of officer   Date		-				,				
Here    MELISSA TORRES, PRESIDENT & CEO										
Here    MELISSA TORRES, PRESIDENT & CEO	Sic	an	Signature of officer		Date					
Type or print name and title  Print/Type preparer's name LISA A. RITTER  Preparer  Firm's name MAHER DUESSEL, CPA'S  Firm's address  1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110  Preparer  Type or print name and title  Preparer's signature  Byi Q Firm's  2/2/22  Check PTIN  firm's EIN  25-1622758  Phone no.717-232-1230			MELISSA TORRES, PRESIDENT & CEO							
Paid LISA A. RITTER    Firm's name   MAHER DUESSEL, CPA'S   Firm's EIN   25-1622758			Type or print name and title							
Paid         LISA A. RITTER         Cyan Criffic         2/2/22         "self-employed self-employed         P00168809           Preparer         Firm's name         MAHER DUESSEL, CPA'S         Firm's EIN         25-1622758           Use Only         Firm's address         1800 LINGLESTOWN ROAD, SUITE 306         Phone no.717-232-1230			Print/Type preparer's name Preparer's signature	501	Date Check	PTIN				
Preparer Use Only Firm's address 1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110 Phone no.717-232-1230	Pai	id		in & Bitter	2/2/22   if   self-emplo	ved P00168809				
Use Only Firm's address 1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110 Phone no.717-232-1230						,				
HARRISBURG, PA 17110 Phone no.717-232-1230		-			o Ent					
					Phone no 717	7-232-1230				
	Ma	av the			1. 110110 1101					

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE FORUM ON EDUCATION ABROAD IS THE HIGHER EDUCATION ASSOCIATION FOR	
	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
3	If "Yes," describe these changes on Schedule O.	1e51NO
	· · · · · · · · · · · · · · · · · · ·	h
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)	589,166.
	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 2021, 369 PEOPLE PARTICIPATED IN	
	WORKSHOPS AND OVER 170 WERE ENROLLED IN THE PROFESSIONAL CERTIFICATION	
	PROGRAM.	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$	389,842.
	THROUGH CONVENING EVENTS AND CONFERENCES, THE FORUM OFFERS	
	OPPORTUNITIES FOR DISCUSSION, LEARNING, AND NETWORKING. OVER 3,650	
	PEOPLE ATTENDED OR REGISTERED FOR 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 MARCH, OVER 660 PEOPLE ATTENDED THIS VIRTUAL EVENT.	
4c	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)	153,138.
	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 2020-21, VISITS TO THE FORUM WEB	
	SITE DECREASED BY 4%.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 1,008,666.	,
<u></u>	- can program out too orportood p	222

# Form 990 (2020) 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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		Х
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
	Part VI	11a		Α
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

# Form 990 (2020) THE FORUM ON EDUCATION ABRO Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	Na		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23		Х		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		Х		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	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		ĺ		
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		Х		
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		Х		
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		х		
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		Х		
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>					
	"Yes," complete Schedule L, Part IV	28a		Х		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х		
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		Х		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		Х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		Х		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		Х		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		Х		
37						
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
	Note: All Form 990 filers are required to complete Schedule O	38	х			
Pa						
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20	)				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	)				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	10				

# Form 990 (2020) THE FORUM ON EDUCATION ABROAD Part 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	<b>2</b> a	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed as the statement of t		Ch		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	iona providad to the pover?	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services," did the organization notify the donor of the value of the goods or services provided?		7a 7b		21
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	75		
·	to file Form 8282?	·	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	,,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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:	1			
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:	1			
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
	amounts due or received from them.)	11b	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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.  Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
	Did the constitution which constitution is the description of the desc	100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	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		Х
	If "Yes," complete Form 4720, Schedule O.				
				000	

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

800	tion A. Governing Rody and Management				Δ
Sec	tion A. Governing Body and Management		Τ,		
4.		20		Yes	No
та	Enter the number of voting members of the governing body at the ord of the tax year				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	20			
b	Enter the number of voting members included of fine 1a, above, who are independent	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	. 3	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4	١		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5	5		Х
6	Did the organization have members or stockholders?	6	3	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7:	а		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	71	b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8	а	Х	
b	Each committee with authority to act on behalf of the governing body?	81	b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	g	,		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
-	(This obtain B requeste information about pointed not required by the internal not onto obtain		Π,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	)a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	)b		
11a		11		Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	) <sub>a</sub>	х	
b		- 1		Х	
		. 12			
·		12	,	х	
12	in Schedule O how this was done			Х	
13	Did the organization have a written whistleblower policy?	_	_		Х
14	Did the organization have a written document retention and destruction policy?	- 1	4		21
15	Did the process for determining compensation of the following persons include a review and approval by independent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		Х	
_	The organization's CEO, Executive Director, or top management official			Λ	
b	, , , , , , , , , , , , , , , , , , , ,	15	ac		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16	ia		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16	b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶PA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	3)s on	ıly) a	vailal	ole
	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 Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	anci	al	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨				
	MELISSA TORRES - 717-245-1031				
	28 NORTH COLLEGE STREET, CARLISLE, PA 17013				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)				C)	,		(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	than dis both	n an	compensation	compensation	amount of
	week	<u> </u>	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for related	e or d	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or	Institutional trustee		ee Aee	mpen		(***2/1099*****100)		and related
	below	idual t	ution	<u></u>	Key employee	sst co oyee	l la			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) ENDA CARROLL	2.00									
CHAIR		Х		Х				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		Х				0.	0.	0.
(5) TRACEY BRADLEY	1.00									
BOARD MEMBER		x						0.	0.	0.
(6) THOMAS M. BUNTRU	1.00									
BOARD MEMBER		x						0.	0.	0.
(7) JOY GLEASON CAREW	1.00									
BOARD MEMBER		x						0.	0.	0.
(8) CHRISTOPHER L.W. ELLIOT	1.00									
BOARD MEMBER		x						0.	0.	0.
(9) MARTHA JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PAUL J. MCVEIGH, PH.D.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) EVEADEAN MYERS, J.D.	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) PATRICIA H. SCROGGS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BRUCE SILLNER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LORNA STERN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) DAWN WHITEHEAD, PH.D	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) BILL MARTNES	1.00									
BOARD MEMBER		х		L			<u></u>	0.	0.	0.
(17) DAVID SADOFF	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2020) 032007 12-23-20

Form 990 (2020) THE FORUM ON	EDUCATION	ABR	OAD						23-31000	62	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		<b>າ</b> than ເ	one	Reportable	Reportable	E	stimate	ed
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	aı	mount	of
	week	-	CCI ai	lu a u	Tecto	Ji / ti us		from	from related		other	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)		npensa rom th	
	related	e or c	stee			sated		organization (W-2/1099-MISC)	(***-2/1099-141130)		ganizat	
	organizations	truste	al trus		yee	mper		(** 27 1000 141100)		,	id relat	
	below	Individual trustee or director	Institutional trustee	-i-	Key employee	Highest compensated employee	<u>=</u>			org	anizati	ons
	line)	Indiv	Instit	Officer	Key e	High	Former					
(18) ROSLYN CLARK ARTIS	1.00											
BOARD MEMBER SINCE JAN 2021		Х						0.	0			0.
(19) PAULA FONTANA	1.00											
BOARD MEMBER SINCE JAN 2021		Х						0.	0			0.
(20) DR. HILARY LANDORF	1.00											
BOARD MEMBER SINCE JAN 2021		Х						0.	0			0.
(21) DR. NICOLE STOKES	1.00											
BOARD MEMBER SINCE JAN 2021		x						0.	0			0.
(22) MELISSA TORRES	40.00											
PRESIDENT & CEO				Х				0.	0			0.
1b Subtotal							<b></b>	0.	0			0.
c Total from continuation sheets to Part VI							<b>•</b>	0.	0			0.
d Total (add lines 1b and 1c)							<b>•</b>	0.	0			0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
compensation from the organization						•			·			0
-											Yes	No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	•		•		•		_		•	3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4		х
5 Did any person listed on line 1a receive or a			•									
rendered to the organization? If "Yes." com										5		Х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>					•	
Complete this table for your five highest contains	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation fr	om	
the organization. Report compensation for	•	•										
(A)								(B)		(	C)	
Name and business	address							Description of s	ervices	Compe		n
DICKINSON COLLEGE												
28 NORTH COLLEGE STREET, CARLISLE, PA	A 17013							STAFFING SERVICES		1	,044,	890.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII   Statement o	f Revenue
-------------------------	-----------

		Check if Schedule O	contair	ns a respons	se or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
ည် လ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b					-			
عَ ق		Fundraising events				-			
ifts Ir A						-			
n G		Government grants (contri			321,528.	-			
Sig		All other contributions, gifts,			•	-			
her	-	similar amounts not included			14,328.				
흕	g				, , , , , , , , , , , , , , , , , , ,	-			
Supplied	_	Total. Add lines 1a-1f			<b>•</b>	335,856.			
					Business Code				
σ	2 a	MEMBERSHIP DUES			611430	589,166.	589,166.		
ķ	_ b	COMPEDENCE			611430	389,842.	389,842.		
Program Service Revenue	c	EDUCATIONAL PROGRAM	S		611430	153,138.	153,138.		
E S	d	" . I			-	, -	, -		
gra Re	۰ م	· -			-				
Pro	f	All other program service	reveni	ΙΔ	_				
_		<b>T</b>			_	1,132,146.			
$\overline{}$	3	Investment income (includ							
	Ü	other similar amounts)				101,437.			101,437.
	4	Income from investment of							
	5	Royalties			· ·				
	J	noyancs		(i) Real	(ii) Personal				
	6 3	Gross rents	6a	(1)	(1) 1 01001141	-			
	b		6b			-			
	0	Rental income or (loss)	6c			-			
	4	Net rental income or (loss)							
		Gross amount from sales of		(i) Securities					
	, a	assets other than inventory	7a	(,) 5556111115	(.,, 5 a 6.	-			
	h	Less: cost or other basis	14			_			
o l		and sales expenses	7b						
ther Revenue	_	Gain or (loss)	1 1			_			
ě		Net gain or (loss)							
푸		Gross income from fundraising							
ğ	o u	including \$	-						
		contributions reported on							
		Part IV, line 18			Ва				
	h	Less: direct expenses			3b	_			
		Net income or (loss) from							
		Gross income from gamin							
	Ju	Part IV, line 19			ea   Pa				
	h	Less: direct expenses			9b				
		Net income or (loss) from			)				
		Gross sales of inventory, I							
	10 4	and allowances			0a				
	h	Less: cost of goods sold			0b				
		Net income or (loss) from			<u></u>				
$\neg$		. 13t moonto or globby from	-4.55	z. mromory	Business Code				
Snc	11 a								
Miscellaneous Revenue	b								
ella	c								
<u>8</u>		All other revenue							
≥		Total. Add lines 11a-11d			_				
	12	Total revenue. See instruction				1,569,439.	1,132,146.	0.	101,437.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	e or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	917,746.	743,373.	165,196.	9,177.
b	Legal	17,875.	7,150.	10,725.	
С	Accounting	109,907.	43,963.	65,944.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,485.		14,485.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	9,092.	3,637.	5,455.	
12	Advertising and promotion	58,561.	58,561.		
13	Office expenses	37,968.	2,416.	35,552.	
14	Information technology	45,862.		45,862.	
15	Royalties				
16	Occupancy				
17	Travel	672.	672.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	67,489.	66,662.	827.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) WORKSHOP/SEMINAR/WEBINA	40.050	40.050		
a		42,852.	42,852.		
b	OTHER PROGRAM EXPENSES	33,519.	33,519.		
C	DUES AND SUBSCRIPTIONS  DEOFESCIONAL DEVELOPMEN	5,458.	5,458.	1 550	
d	PROFESSIONAL DEVELOPMEN	1,558.	403.	1,558.	
е 0-г	All other expensesAdd lines 1 through 24s	1,363,447.	1,008,666.	345,604.	9,177.
25	Total functional expenses. Add lines 1 through 24e	1,303,44/.	1,000,000.	345,004.	9,1//.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here fiffollowing SOP 98-2 (ASC 958-720)				
	II following 50P 98-2 (A50 958-720)	I		1	

# Form 990 (2020) Part X Balance Sheet

	LA	Check if Schedule O contains a response or	note to	any	s Part X			
		,			( <b>A</b> Beginning	.)		(B) End of year
	1	Cash - non-interest-bearing				344,018.	1	426,863.
	2	Savings and temporary cash investments				76,126.	2	267,028.
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net		35,557.	4	50,915.		
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su	or 35%					
		controlled entity or family member of any of t			5			
	6	Loans and other receivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons descri	ibed in s	sect	)(3)(B)		6	
S	7	Notes and loans receivable, net			7			
Assets	8						8	
As	9	Prepaid expenses and deferred charges				45,224.	9	80,035.
	10a	Land, buildings, and equipment: cost or other	- 1					
		basis. Complete Part VI of Schedule D		)a				
	b	Less: accumulated depreciation		)b			10c	
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, lir		,006,993.	12	2,702,644.		
	13	Investments - program-related. See Part IV, li			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16						16	3,527,485.
	17	Accounts payable and accrued expenses				23,813.	17	248,507.
	18						18	
	19	Deferred revenue		303,462.	19	299,066.		
	20	Tax-exempt bond liabilities				·	20	
	21	Escrow or custodial account liability. Comple					21	
"	22	Loans and other payables to any current or f						
Liabilities		trustee, key employee, creator or founder, su						
ig		controlled entity or family member of any of t					22	
Ë	23	Secured mortgages and notes payable to un	-			360,428.	23	340,137.
	24	Unsecured notes and loans payable to unrela				·	24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on li						
		of Schedule D		,			25	
	26	Total liabilities. Add lines 17 through 25				687,703.	26	887,710.
		Organizations that follow FASB ASC 958,						
es		and complete lines 27, 28, 32, and 33.						
anc anc	27				1	,714,362.	27	2,495,601.
Bala	28	Net assets with donor restrictions				105,853.	28	144,174.
힏		Organizations that do not follow FASB AS						
ᆵ		and complete lines 29 through 33.	- ' '					
ō	29	· · · · · · · · · · · · · · · · · · ·					29	
ets	30	Paid-in or capital surplus, or land, building, o					30	
Ass	31	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				,820,215.	32	2,639,775.
2	33	Total liabilities and net assets/fund balances		,507,918.	33	3,527,485.		

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	,569,	439.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	,363,	447.
3	Revenue less expenses. Subtract line 2 from line 1	3		205,	992.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	820,	215.
5					568.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,	,639,	775.
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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### **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

2020

Open to Public Inspection

Employer identification number

Name of the organization THE FORUM ON EDUCATION ABROAD 23-3100062 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						_
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						<u></u>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I					14	<u>%</u>
15	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the c						
	<b>stop here.</b> The organization qualifies		~				
b	33 1/3% support test - 2019. If the d						
	and <b>stop here.</b> The organization qual	•	• •				
17a	10% -facts-and-circumstances test	_					•
	and if the organization meets the fact			-	•	_	\
	meets the facts-and-circumstances te	_		*	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		<b>.</b> □
	organization meets the facts-and-circu						
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17l</u>	<u>b, check this box a</u>	and see instructions	<u> </u>

# Schedule A (Form 990 or 990-EZ) 2020 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.)

Se	ction A. Public Support	now, picase compi	ctc r art n.,				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,			, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	5,200.	5,200.	695,759.	773,043.	925,022.	2,404,224.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,929,805.	1,948,852.	1,376,014.	759,859.	542,980.	6,557,510.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,935,005.	1,954,052.	2,071,773.	1,532,902.	1,468,002.	8,961,734.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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.
(	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						8,961,734.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1,935,005.	1,954,052.	2,071,773.	1,532,902.	1,468,002.	8,961,734.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	62,244.	67,843.	73,244.	92,129.	101,437.	396,897.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	62,244.	67,843.	73,244.	92,129.	101,437.	396,897.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,997,249.	2,021,895.	2,145,017.	1,625,031.	1,569,439.	9,358,631.
14	First 5 years. If the Form 990 is for the	e organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3) organizatio	n,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public						
15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))					15	95.76 %	
	Public support percentage from 2019					16	96.40 %
	ction D. Computation of Inves			10 1 (0)		4-	4 24 24
	Investment income percentage for 20					17	4.24 % 3.60 %
	8 Investment income percentage from 2019 Schedule A, Part III, line 17						
198	more than 33 1/3%, check this box an	· ·		•		•	IS NOT
ŀ	33 1/3% support tests - 2019. If the	-	-		• •		
•	line 18 is not more than 33 1/3%, chec	•		·		•	
20	Private foundation. If the organization			•			

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	2h		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
_	10b	N E71	

Par	TIV Supporting Organizations (continued)		1
		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 lines 11b and		
	11c below, the governing body of a supported organization?		
	A family member of a person described in line 11a above?		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
800	detail in Part VI. 11ction B. Type I Supporting Organizations		
360	tion B. Type i Supporting Organizations		
_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any applied to such powers during the tax year.		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported		
_	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.		
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).		
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?		
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).		
3	By reason of the relationship described in line 2, above, 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		
Sec	supported organizations played in this regard.  tion E. Type III Functionally Integrated Supporting Organizations		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  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.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction)	anal	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, 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.		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
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.		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet <u>e</u> S	Sections A through E.	
Sect	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		
Sect	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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2020

· a	Type in item i anotionally integrated cook	and capporting orga	(CO//(///	JEU)	
Secti	on D - Distributions			ĺ	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	<del>-                                    </del>			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	3	
4	Amounts paid to acquire exempt-use assets	•		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	าร	(iii) Distributable
			Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
6	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020

THE	23-3100062				
Organization type (check or	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•			
Special Rules					
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from			
contributor, during literary, or education	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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsup \$					
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.

Name of organization

Employer identification number

THE FORUM ON EDUCATION ABROAD

23-3100062

Part I	Contributors (see instructions). Use duplicate copies of Part I if	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	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KONRAD ADENAUER FOUNDATION  KLINGELHFERSTRAE 23  BERLIN, BRANDENBURG, GERMANY 10785	\$\$	Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll 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.)

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			
		   \$				

Name of or	ganization		Employer identification number			
HE FORU	M ON EDUCATION ABROAD		23-3100062			
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional spa	rough (e) and the following line en itable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations 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			
-	Transferee's name, address, and a	(e) Transfer of git	ft  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			
_	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
	nunsieree e nume, uudi eest, und i		riolationing of transfer to transfere			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
_	Transferee's name, address, and	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			
	(e) Transfer of gift					
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee			

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE FORUM ON EDUCATION ABROAD

**Employer identification number** 23-3100062

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			Complete in the
	, ,	(a) Donor advised funds	<b>(b)</b> Fur	nds 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 v		sed funds	
_	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
				Yes No
Pai	· ,			
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	<del></del>	of a historically	important land area
	Protection of natural habitat	· —		storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing con	servation ease	ements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easemen	ts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that desc	cribes the
Da	organization's accounting for conservation easements.	Art Historical Transcript		
Pai	t III Organizations Maintaining Collections of		tner Simila	r Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 956	·		
	of art, historical treasures, or other similar assets held for pub	, ,		public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 956	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items:		_	_
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea	,	ai gain, provid	Э
	the following amounts required to be reported under FASB A	_		Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			<b>D</b>

Sche	dule D (Form 990) 2020 THE FORUM (	ON EDUCATION ABR	OAD			23-310	0062	Р	age 2
Par		ollections of Art	, Historical Tre	asures, or Othe	r Similar	Assets	(contir		<u> </u>
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that make s	significant us	se of its	,	,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations of	f art, historical treas	ures, or other simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Complet	te if the organization	n answered "Yes" or	n Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermedia	ary for contributions	or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	stodial account liabi	lity?	🗀	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	if the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	2,006,993.	1,994,101.	1,870,077.	1,79	6,641.	1,	578,	775.
b	Contributions				1	10,000.		95,000.	
С	Net investment earnings, gains, and losses	710,136.	26,607.	136,824.	14	2,848.		195,	806.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				7	9,412.		72,	940.
f	Administrative expenses	14,485.	13,715.	12,800.					
g	End of year balance	2,702,644.	2,006,993.	1,994,101.	1,87	0,077.	1,	796,	641.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	95.3500	_%						
b	Permanent endowment	%							
С	Term endowment ▶4.6500	_%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	d administered for t	he organizat	ion	r		I
	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 organiza	ations listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Pai	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	` '	, ,	Accumulated	t k	<b>(d)</b> Boo	k valu	е
		basis (investm	ent) basis (	(other) de	epreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								

Schedule D (Form 990) 2020

0.

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

(a) Description of security or category (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A) DICKINSON COLLEGE ENDOWMENT FUND	2,702,644.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,702,644.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line 1	110 Soo Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
. , .	()	(-,	,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	15)	<b>&gt;</b>	
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990. Part X. col. (B) line			1
(3) (4) (5) (6) (7) (8) (9) Sal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			. (b) Book value
(3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			1
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)			1

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

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,224,951.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		613,568.	-	
	Donated services and use of facilities		56,429.		
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	669,997.
	Subtract line 2e from line 1			3	1,554,954.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		14,485.	-	
	Other (Describe in Part XIII.)	4b		-	4.4.405
	Add lines <b>4a</b> and <b>4b</b>			4c	14,485.
5 Dor	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII Reconciliation of Expenses per Audited Financial State	amonto With E	vnonoso nor E	5	1,569,439.
Par			expenses per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 405 201
	Total expenses and losses per audited financial statements			1	1,405,391.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	F.C. 420		
	Donated services and use of facilities		56,429.	-	
	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIII.)			-	56,429.
	Add lines 2a through 2d			2e	1,348,962.
	Subtract line 2e from line 1			3	1,340,302.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	14,485.		
	Investment expenses not included on Form 990, Part VIII, line 7b		14,403.	-	
	Other (Describe in Part XIII.)			40	14,485.
	Add lines 4a and 4b			4c 5	1,363,447.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			5	1,303,447.
lines 2	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; R 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any  X, LINE 2:	•		, , , , , , , , , , , , , , , , , , , ,	
MANA	GEMENT HAS ASSESSED THE FORUM'S EXPOSURE TO INCOME TAXES AT	THE ENTITY			
LEVE	L AS A RESULT OF UNCERTAIN TAX POSITIONS TAKEN IN CURRENT A	AND			
PREV	IOUSLY FILED TAX RETURNS. EXAMPLES OF TAX POSITIONS TAKEN A	AT THE			
ENTI	TY LEVEL INCLUDE THE CONTINUING VALIDITY OF ITS EXEMPT ORGA	ANIZATION			
STAT	US, POTENTIAL FILING REQUIREMENT FOR UNRELATED BUSINESS INC	COME AND			
OTHE	R TAX POSITIONS THAT COULD RESULT IN INCOME TAX LIABILITIES	S TO THE			
FORU	M UPON EXAMINATION BY TAXING AUTHORITIES. PRESENTLY, MANAGE	EMENT			
	EVES THAT IT IS MORE LIKELY THAN NOT ITS TAX POSITION WILL				
SUST	AINED UPON EXAMINATION, INCLUDING ANY APPEALS AND LITIGATION	ON, SUCH			
THAT	THE FORUM HAS NO EXPOSURE TO INCOME TAX LIABILITIES FROM U	JNCERTAIN			
TAX	POSITIONS. THE FORUM IS SUBJECT TO ROUTINE AUDITS BY TAXINO	3			

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FORUM ON EDUCATION ABROAD

**Employer identification number** 23 - 3100062

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FIELD OF EDUCATION ABROAD. THE FORUM'S STANDARDS OF GOOD PRACTICE ARE
RECOGNIZED AS THE DEFINITIVE MEANS BY WHICH THE QUALITY OF EDUCATION
ABROAD PROGRAMS MAY BE JUDGED. THE FORUM'S 800+ INSTITUTIONAL MEMBERS
INCLUDE U.S. COLLEGES AND UNIVERSITIES, OVERSEAS INSTITUTIONS,
CONSORTIA, AGENCIES, PROVIDER ORGANIZATIONS AND FOUNDATIONS. THE FORUM
FOCUSES ON DEVELOPING AND IMPLEMENTING STANDARDS OF GOOD PRACTICE,
ENCOURAGING AND SUPPORTING RESEARCH INITIATIVES, AND OFFERING
EDUCATIONAL PROGRAMS AND RESOURCES TO ITS MEMBERS. THE FORUM CULTIVATES
EDUCATORS WHO CHAMPION HIGH-QUALITY EDUCATION ABROAD EXPERIENCES THAT
IGNITE CURIOSITY, IMPACT LIVES, AND CONTRIBUTE TO A BETTER WORLD.
FORM 990, PART VI, SECTION A, LINE 3:
THE FORUM HAS A MANAGEMENT CONTRACT WITH DICKINSON COLLEGE. UNDER THE TERMS
OF THE MANAGEMENT CONTRACT, DICKINSON COLLEGE PROVIDES OFFICE SPACE AND
SUPPORT, PAYROLL AND BENEFITS, AND HUMAN RESOURCES.
THE EMPLPOYEES OF THE FORUM ARE PAID FOR SERVICES TO THE FORUM THROUGH THE
MANAGEMENT CONTRACT.
FORM 990, PART VI, SECTION A, LINE 6:
THERE ARE THE FOLLOWING TYPES OF MEMBERSHIPS: CHARITABLE ORGANIZATIONS,
INDIVIDUAL, ASSOCIATE MEMBER, INTERNATIONAL INSTITUTION, PROVIDER,
UNDERREPRESENTED, UNIVERSITY SYSTEM, AND U.S. INSTITUTION.
FORM 990, PART VI, SECTION A, LINE 7B:

Name of the organization THE FORUM ON EDUCATION ABROAD	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.	

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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

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

			ar (no copies necaca).				
	rations required to file an income tax return other than Form 7004 to request an extension of time to file income			ips, REMICs	s, and trusts		
Type or	Name of exempt organization or other filer, see instructions.			Taxpayer	Taxpayer identification number (TIN)		
print					22 2100062		
File by the					23-3100062		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 28 NORTH COLLEGE STREET	ee instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a for CARLISLE, PA 17013	reign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	P-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227				
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870					12		
Teleph  If the o	cooks are in the care of ▶ 28 NORTH COLLEGE STREED none No. ▶ 717-245-1031  organization does not have an office or place of business is for a Group Return, enter the organization's four digit (  . If it is for part of the group, check this box ▶	in the Uni	Fax No. ▶ited States, check this box	. If this is fo	r the whole g	roup, check this	
the ▶ [	quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or tax year beginning JUL 1, 2020  ne tax year entered in line 1 is for less than 12 months, ch Change in accounting period	anization's	return for: d ending JUN 30, 2021	file the exem	npt organizati ·	on return for	
any <b>b</b> If the	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a 3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa	•		3c	<b>e</b>	0.	
	ng EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal				\$		

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

Form 8868 (Rev. 1-2020)

instructions.