Form 990

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

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Α	For the	e 2021 calendar year, or tax year beginning	j JUL 1, 2021 an	d ending J	UN 30, 2022	
	Check if applicable				D Employer identific	ation number
Γ	Addres	THE FORUM ON EDUCATION ABROAD	D			
	Name change				23-3100062	
	Initial		not delivered to street address)	Room/suite	E Telephone number	
	Final return/	28 NORTH COLLEGE STREET			717-245-1031	
	termin ated		, and ZIP or foreign postal code		G Gross receipts \$	1,809,733.
	Ameno	CARDIBLE, FR 17015			H(a) Is this a group re	
	Applic tion pendin	r Name and address of principal officer.	MELISSA TORRES		for subordinates?	
		SAME AS C ABOVE			H(b) Are all subordinates ind	
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 🔝 527		list. See instructions
		ite: WWW.FORUMEA.ORG			H(c) Group exemption	
	Form of art I	f organization: X Corporation Trust [Summary	Association Other	L Year	of formation: 2001	I State of legal domicile: PA
•	_	Briefly describe the organization's mission or	most significant activities. MEMBE	RCHIP ORCI		
ą	3 1	THE STANDARDS DEVELOPMENT ORGANIZ				
Governance	2	Check this box			than 25% of its net ass	ets
Veri	3	Number of voting members of the governing	• •		3	14
		Number of independent voting members of t				14
a v	5	Total number of individuals employed in cale				0
Activities	6	Total number of volunteers (estimate if neces				449
įŧ	7 a	Total unrelated business revenue from Part V				0.
_	b	Net unrelated business taxable income from	Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
٩	8	Contributions and grants (Part VIII, line 1h)			335,856.	263,463.
Revenue	9				1,132,146.	1,440,144.
2eV	10	Investment income (Part VIII, column (A), line			101,437.	106,126.
	11	Other revenue (Part VIII, column (A), lines 5,			0.	0.
		Total revenue - add lines 8 through 11 (must			1,569,439.	1,809,733.
		Grants and similar amounts paid (Part IX, co			0.	11,000.
	40	Benefits paid to or for members (Part IX, colu			0.	0.
Fynenses	15	Salaries, other compensation, employee ben Professional fundraising fees (Part IX, column			0.	0.
, and a		Total fundraising expenses (Part IX, column				
Ц Ц	17	Other expenses (Part IX, column (A), lines 11			1,363,447.	2,083,593.
		Total expenses. Add lines 13-17 (must equal			1,363,447.	2,094,593.
	19				205,992.	-284,860.
Net Assets or	es			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			3,527,485.	3,626,663.
ASS	21 21	Total liabilities (Part X, line 26)			887,710.	1,249,654.
Nei	22	Net assets or fund balances. Subtract line 2	1 from line 20		2,639,775.	2,377,009.
Ρ	art II	Signature Block				
Un	der pena	alties of perjury, I declare that I have examined this	return, including accompanying schedul	es and statem	ents, and to the best of my	knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other tha	n officer) is based on all information of v	which preparer	has any knowledge.	
		Circulture of officer			Data	
Sig		Signature of officer			Date	
He	re	MELISSA TORRES, PRESIDENT & Type or print name and title	СЕО			
				I	Date Check	PTIN
		Print/Type preparer's name	Preparer's signature	'	Date Check L	

Paid	LISA A. RITTER			if self-employed	P00168809	
Preparer	Firm's name 🕒 MAHER DUESSEL, CPA'S		Firn	n's EIN 🕨 🛛 2	5-1622758	
Use Only	Firm's address ▶ 1800 LINGLESTOWN ROAD, S	UITE 306				
	HARRISBURG, PA 17110		Pho	ne no.717-23	32-1230	
May the IF	RS discuss this return with the preparer shown above	ve? See instructions			X Yes	No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 9	90 (2021)

Form	1990 (2021) THE FORUM ON EDUCATION ABROAD	23-3100062	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE FORUM ON EDUCATION ABROAD CULTIVATES EDUCATORS WHO CHAMPION		
	HIGH-QUALITY EDUCATION ABROAD EXPERIENCES THAT IGNITE CURIOUSITY,		
	IMPACT LIVES, AND CONTRIBUTE TO A BETTER WORLD.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			Yes X No
	prior Form 990 or 990-EZ?		Yes A 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? \dots		Yes 🔯 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	es, and
	revenue, if any, for each program service reported.		
4a		\$	579,623.)
	MEMBERS OF THE FORUM COMMIT TO FOLLOWING THE FORUM'S STANDARDS OF GOOD		
	PRACTICE FOR EDUCATION ABROAD AND SUPPORT THE FORUM'S MISSION TO		
	CULTIVATE EDUCATORS WHO CHAMPION HIGH-QUALITY EDUCATION ABROAD		
	EXPERIENCES THAT IGNITE CURIOSITY, IMPACT LIVES, AND CONTRIBUTE TO A		
	BETTER WORLD. BY ENGAGING IN DIALOGUE, COLLABORATION, SHARING BEST		
	PRACTICES, RESEARCH AND INNOVATION, AND PROFESSIONAL DEVELOPMENT, THE		
	FORUM STRIVES TO ADDRESS AND PROVIDE CRITICAL RESOURCES AND A FORUM FOR		
	DISCUSSION FOR THE FIELD OF EDUCATION ABROAD, WITH PARTICULAR		
	CONSIDERATION OF GROUPS WHO HAVE BEEN HISTORICALLY EXCLUDED OR		
	MARGINALIZED IMPACTING ACCESS TO EDUCATION ABROAD.		
4b	(Code:) (Expenses \$997,100. including grants of \$) (Revenue	\$	684,350.)
	THROUGH CONVENING EVENTS AND CONFERENCES, THE FORUM OFFERS		
	OPPORTUNITIES FOR DISCUSSION, LEARNING, AND NETWORKING. THE FORUM'S		
	ANNUAL CONFERENCE IS THE LARGEST EDUCATION ABROAD GATHERING AND THE		
	SIGNATURE EVENT OF THE FORUM. IN MARCH, OVER 715 PEOPLE ATTENDED THIS		
	IN PERSON AND A FURTHER 220 VIRTUALLY.		
-	(176,171.)
4c	(Code:) (Expenses \$256,943. including grants of \$11,000.) (Revenue	\$	1/0,1/1.)
	THE FORUM'S TRAINING PROGRAMS, SERVICES AND RESOURCES OFFER IMPORTANT		
	LEARNING AND DEVELOPMENT OPPORTUNITIES, DATA AND ANALYSIS, QUALITY		
	ASSURANCE TOOLS, PUBLICATIONS AND ONLINE RESOURCES TO HELP INSTITUTIONS		
	TO ADVANCE THEIR EDUCATION ABROAD PROGRAMS.		
<u> </u>			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,661,760.		000

Form 990 (2021) 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? See instructions	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete Schedule D</i> .			
а		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	

THE FORUM ON EDUCATION ABROAD

Pa	t IV	Checklist of Required Schedules (continued)			
				Yes	No
22	Did th	ne organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23		ne organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
		ormer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		dule J	23		x
24a		ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
		ay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		dule K. If "No," go to line 25a	24a		x
b		ne organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		ne organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-		ax-exempt bonds?	24c		
d		ne organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		action with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
		he transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
		dule L, Part I	25b		x
26		ne organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
		mer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		olled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27		ne organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
		or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28		the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
		ictions for applicable filing thresholds, conditions, and exceptions):			
а	A cur	rent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes,	" complete Schedule L, Part IV	28a		x
b	A fam	nily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35%	% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes,	" complete Schedule L, Part IV	28c		x
29	Did th	ne organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did th	ne organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contr	ibutions? If "Yes," complete Schedule M	30		x
31	Did th	ne organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did th	ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schee	dule N, Part II	32		X
33	Did th	ne organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sectio	ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was t	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
		/, line 1	34		X
		ne organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b		s" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
		n the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Secti	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
		s," complete Schedule R, Part V, line 2	36		X
37		ne organization conduct more than 5% of its activities through an entity that is not a related organization			v
		hat is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38		ne organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
Par		: All Form 990 filers are required to complete Schedule O	38	X	i
rai	L V	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V			
	- .			Yes	No
		the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32 the number of Forms W 2G included on line 1a. Enter 0, if not applicable 1b			
a	Enter	the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

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

Form 990 (2021)

1c

Form	orm 990 (2021) THE FORUM ON EDUCATION ABROAD	23-3100062	P	age 5
	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			0
			Yes	No
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions			
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority	/ over, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	? 4a		X
b	b If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	; (FBAR).		
5a		5a		X
b				X
	, 5			
6a	5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ	ization solicit		
	any contributions that were not tax deductible as charitable contributions?			X
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or g			
_	were not tax deductible?	6b		
7				v
a				X
b				
С				x
	to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u>7c</u>		
		2		x
e f		? <u>7e</u> 7f		x
f		·····		
g h				
8				
•		8		
9				
а		9a		
b		9b		
10				
а	a Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	1 Section 501(c)(12) organizations. Enter:			
а	a Gross income from members or shareholders 11a			
b	b Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	a 📃	
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	3 Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	a Is the organization licensed to issue qualified health plans in more than one state?	<u>13</u> a	3	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	b Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С				
14a				X
b)	
15				
	excess parachute payment(s) during the year?			X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16		e? <u>16</u>		X
47	If "Yes," complete Form 4720, Schedule O.			
17				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.			1

Form	990 (2021) THE FORUM ON EDUCATION ABROAD		23-310006		P	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thi	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point d	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters	affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	 bofor	filing the form?	10b	х	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delon		11a		
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	х	
ıza b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a 12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_e			120		
C		,		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	x	
14				14		x
15	Did the organization have a written document retention and destruction policy?					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>by</i> 110				
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	zation	'S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain of the second seco	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest policy, and	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records			
	MELISSA TORRES - 717-245-1031					
	28 NORTH COLLEGE STREET, CARLISLE, PA 17013					

Form 990 (2		23-3100062	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or w	vithin 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per		not c		more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week	box, unless person is both an officer and a director/trustee)		from	from related	other				
	(list any	ctor						the	organizations	compensation
	hours for	or dire	e			ted		organization	(W-2/1099-MISC/	from the
	related	istee o	truste		e	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN LUCAS, PH.D.	2.00				Ť	1	LL.			
CHAIR		х		x				0.	0.	٥.
(2) DAWN WHITEHEAD, PH.D.	1.00									
VICE-CHAIR		х		х				0.	0.	0.
(3) KERRY J. EDMONDS	1.00									
TREASURER		х		х				0.	0.	0.
(4) MARTHA JOHNSON	1.00									
SECRETARY		Х		х				0.	0.	0.
(5) EDNA CARROLL	1.00									
PAST CHAIR		Х						0.	0.	0.
(6) THOMAS M. BUNTRU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) CHRISTOPHER L.W. ELLIOT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) TRACEY BRADLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SAMANTHA BRANDAUER	1.00									
BOARD MEMBER		х						0.	0.	0.
(10) BILL MARTENS	1.00									
BOARD MEMBER		х						0.	0.	0.
(11) DAVID SADOFF	1.00								_	
BOARD MEMBER		х						0.	0.	0.
(12) ROSLYN CLARK ARTIS	1.00								_	
BOARD MEMBER	1.00	х	<u> </u>			<u> </u>		0.	0.	0.
(13) PAULA FONTANA	1.00									
BOARD MEMBER	1.00	х						0.	0.	0.
(14) DR. HILARY LANDORF	1.00									<u> </u>
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) DR. NICOLE STOKES BOARD MEMBER	1.00	x						0.	0.	
(16) MELISSA TORRES	40.00	Ă				-		U.	0.	0.
(16) MELISSA TORRES PRESIDENT & CEO	40,00	-		x				0.	0.	0.
LYESTDENI & CEO			-	^				· · ·	0.	<u> </u>
					I	1		1		

Form 990 (2021) THE FORUM OF	I EDUCATION	ABR	.OAD						23-31	0006	2	P	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	ss per	itior more rson i	than c s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	ne tion ted
		-											
		-											
		-											
		-											
								0.		0.			0.
1b Subtotal c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
2 Total number of individuals (including but compensation from the organization ▶							o re	eceived more than \$100,	000 of reportable				0
												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J forFor any individual listed on line 1a, is the s											3		X
and related organizations greater than \$15											4		x
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." co	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services		5		x
Section B. Independent Contractors													
1 Complete this table for your five highest c the organization. Report compensation for										pensat	ion fro	om	
(A) Name and busines	s address							(B) Description of s	ervices	С)(ompe		n
DICKINSON COLLEGE 28 NORTH COLLEGE STREET, CARLISLE, 1	PA 17013							STAFFING SERVICES				952,	,317.
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lir	niteo	d to t	thos	se lis [.] 1	ted	above) who received mo	ore than				

	: VII					ION ABROAD			23-310006	2 Pa
		Check if Schedule O			onse	or note to any line	e in this Part VIII		<u></u>	[
							(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
Amo	с	Fundraising events								
ar A		Related organizations								
mi		Government grants (cont				246,878.				
ŝ	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	d abov	/e 1f		16,585.				
0 p	g	Noncash contributions included in	lines	1a-1f 1g	\$					
an	h	Total. Add lines 1a-1f				🕨	263,463.			
						Business Code				
	2 a	CONFERENCE				611430	684,350.	684,350.		
Ð	b					611430	579,623.	579,623.		
nue	С	EDUCATIONAL PROGRAM	ſS			611430	176,171.	176,171.		
Revenue	d									
H.	е									
	f	All other program service								
	g	Total. Add lines 2a-2f					1,440,144.			
	3	Investment income (inclu	-							
		other similar amounts)					106,126.			106,1
	4			-	-					
	5	6 Royalties								
					ai	(ii) Personal				
	6 a									
	b		6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	s) <u>.</u>	(i) Coor						
	7 a	Gross amount from sales of	_	(i) Secur	nies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses								
		Gain or (loss)	7c							
		Net gain or (loss)			······					
	8 a									
,		including \$ contributions reported or								
		Part IV, line 18		-	8a					
	b				8b					
		Net income or (loss) from								
		Gross income from gamir		-						
	- 4	Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
1		Gross sales of inventory,	-	-		F				
		and allowances			10a					
	b	Less: cost of goods sold			104					
		Net income or (loss) from				>				
		· · · · · · · · · · · · · · · · · · ·				Business Code				
Revenue	l1 a									
μí	b									
eve	c									
Ř		All other revenue								

Form 990 (2021) THE FORUM ON EDUCAT
Part IX Statement of Functional Expenses THE FORUM ON EDUCATION ABROAD

	Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,000.	11,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management	1,040,548.	842,844.	187,299.	10,40
	Legal	8,236.	3,294.	4,942.	
	Accounting	151,265.	60,506.	90,759.	
	Lobbying Professional fundraising services. See Part IV, line 17				
-	•	15,900.		15,900.	
	Investment management fees	10,000.		10,500.	
g	Other. (If line 11g amount exceeds 10% of line 25,	8,079.	3,232.	4,847.	
	column (A), amount, list line 11g expenses on Sch O.)	52,304.	52,304.	1,01/.	
12	Advertising and promotion	52,304.	6,980.	45,133.	
13	Office expenses	46,305.	0,500.	46,305.	
14	Information technology	40,303.		40,505.	
15	Royalties				
16		7 659	7,658.		
17	Travel	7,658.	7,058.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	504.000	585 680	10 112	
19	Conferences, conventions, and meetings	594,083.	575,670.	18,413.	
20	Interest	5,015.		5,015.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
3	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.)				
а	WORKSHOPS & SEMINARS	54,738.	54,738.		
b	OTHER PROGRAM EXPENSES	25,875.	25,875.		
с	PRINTING & REPRODUCTION	9,425.	9,425.		
d	DUES AND SUBSCRIPTIONS	8,234.	8,234.		
е	All other expenses	3,815.		3,815.	
25	Total functional expenses. Add lines 1 through 24e	2,094,593.	1,661,760.	422,428.	10,40
26	Joint costs. Complete this line only if the organization				

Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

	THE FORM ON EDUCATION APPOAD		23-
1 990 (/ rt X	2021) THE FORUM ON EDUCATION ABROAD Balance Sheet		23-
	Check if Schedule O contains a response or note to any line in this Part X		
		(A) Beginning of year	
1	Cash - non-interest-bearing	426,863.	1
2	Savings and temporary cash investments	267,028.	2
3	Pledges and grants receivable, net		3
4	Accounts receivable, net	50,915.	4
5	Loans and other receivables from 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		5
6	Loans and other receivables from other disqualified persons (as defined		
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
7	Notes and loans receivable, net		7
8	Inventories for sale or use		8
9	Prepaid expenses and deferred charges	80,035.	9
10a	Land, buildings, and equipment: cost or other		
	basis. Complete Part VI of Schedule D 10a		
b	Less: accumulated depreciation 10b		10c
11	Investments - publicly traded securities		11
12	Investments - other securities. See Part IV, line 11	2,702,644.	12
13	Investments - program-related. See Part IV, line 11		13
14	Intangible assets		14
15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,527,485.	16
17	Accounts payable and accrued expenses	248,507.	17
18	Grants payable		18
19	Deferred revenue	299,066.	19
20	Tax-exempt bond liabilities		20
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
22	Loans and other 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		22
23	Secured mortgages and notes payable to unrelated third parties	340,137.	23
24	Unsecured notes and loans payable to unrelated third parties		24
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part X		
	of Schedule D	000 010	25
26	Total liabilities. Add lines 17 through 25	887,710.	26
	Organizations that follow FASB ASC 958, check here 🕨 🗓		
1	and complete lines 27, 28, 32, and 33.		

(B) End of year

387,796. 396,969.

3,589.

23,471.

2,814,838.

3,626,663. 388,549.

361,205.

499,900.

1,249,654.

2,217,623.

159,386.

2,495,601.

2,639,775.

3,527,485.

144,174.

27

28

29

30

31

32

33

2,377,009.

3,626,663.

Form 990 (2021)

Form

Assets

Liabilities

Net Assets or Fund Balances

27

28

29

30

31

32

33

Net assets without donor restrictions

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Part XI Reconciliation of Net Assets	ge 12
Check if Schedule O contains a response or note to any line in this Part XI	
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,809,	733.
2 Total expenses (must equal Part IX, column (A), line 25) 2,094,	593.
3 Revenue less expenses. Subtract line 2 from line 1 3284 ,	860.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	775.
5 Net unrealized gains (losses) on investments 5 22,	094.
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))	009.
Part 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 on Schedule O.	
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 on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
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	
c 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?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Nam	e of t	he organization							· identification number
Der	.		RUM ON EDUCATIO						23-3100062
Par	τι	Reason for Public (Sharity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	S.	
r	rgani	zation is not a private found			-	-			
1		A church, convention of ch	•			on 170(b)(*	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz city, and state:	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		0 ,	•	, ,			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		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.)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	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								
		university:							
10	Х	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	-	-					-
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
ſ		See section 509(a)(2). (Con							
11		An organization organized a	•						
12		An organization organized a	-	-				•	
		more publicly supported or	-						Sheck the box on
_		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization organization. You must o			i majonty o			s of the st	ipporting
b		Type II. A supporting org	-		tion with its	e europorte	ad organization	n(e) by bay	ling
b		control or management o							
		organization(s). You mus					introl of manag		Joned
с		Type III functionally inte	•		in connect	tion with.	and functionall	v integrate	ed with
-		its supported organization	• • • •					<i>,</i>	
d		Type III non-functionally						ted organiz	zation(s)
	•	that is not functionally int	• •					•	
		requirement (see instructi			•		-		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		vide the following information			(iv) is the order	nization listed			
	(i	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	structions	
.									
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.								
	ction B. Total Support	1				-		I	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020		(e) 2021	(f) Tot	al
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)((3)		_
	organization, check this box and stop								►
Se	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2021 (I					14			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15			
16 a	a 33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	iore, c	check this bo	x and	_
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı					•[
k	o 33 1/3% support test - 2020. If the o	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or m	ore, check th	is box	
	and stop here. The organization qual								•[
17a	a 10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	rachization			•	•[
k	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin					
	more and if the organization meets the								

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(b) 2018

(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.)

(c) 2019

(d) 2020

Schedule A (Form 990) 2021

►L

% %

(f) Total

THE FORUM ON EDUCATION ABROAD

(a) 2017

Schedule A

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨

	(Form	990)	2021
--	---	------	------	------

23-3100062

(e) 2021

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

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

Section A. Public Support (c) 2019 (e) 2021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5,200 925,022. include any "unusual grants.") 695,759 773,043 843,086 3,242,110. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1,948,852. 1,376,014 759,859 542,980. 860,521. 5,488,226. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1,954,052 2,071,773, 1,532,902 1,468,002, 1,703,607, 8,730,336. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0. 8,730,336. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 1,703,607 1,954,052 2.071.773 1,532,902 1,468,002. 8,730,336. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 67,843, 73,244 92,129 101,437, 106,126, 440,779. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 67,843 73,244 92,129 101,437, 106,126, 440,779. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2,021,895. 2,145,017. 1,625,031. 1,569,439. 1,809,733, 9,171,115. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 95.19 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 95.76 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 4.81 17 % 4.24 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

Yes

No

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

1

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

Type I Supporting

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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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	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. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
---	--	--------------------------------	----------------------	-------------------------	-----------------------------	------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.
- a 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.

2a 2b 3a 3b

No Yes

	dule A (Form 990) 2021 THE FORUM ON EDUCATION ABROAD			23-3100062 Pag
Par		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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		
	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 integrate	d Type III supporting ora	anization (see
	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization

instructions).

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 THE FORUM ON EDUCATI	ION ABROAD		:	23-3100062	Page 7
Par		a)(3) Supporting Orga	nizations (continued	d)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	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	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributat Amount for 2	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 THE FORUM ON EDUCATION ABROAD	23-3100062	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	n C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

THE FORUM ON EDUCATION ABROAD	23-3100062
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

THE FORUM ON EDUCATION ABROAD 23 - 3100062Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 SARA'S WISH FOUNDATION X Person Payroll 23 ASH LANE 10,000. Noncash \$ (Complete Part II for AMHERST, MA 01002 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 INTERNATIONAL RESEARCH & EXCHANGES BOARD Х Person Payroll 1275 K STREET, NW, SUITE 600 5,000. Noncash \$ (Complete Part II for WASHINGTON, DC 20005 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

Schedule B (Form 990) (2021) Name of organization

	3 (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
THE FORU	M ON EDUCATION ABROAD		23-3100062
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		 \$	

Schedule B (Form 990) (2021)

Schedule B	(Form 9	990)	(2021)
------------	---------	------	--------

lame of or	ganization			Employer identification number		
HE FORU	M ON EDUCATION ABROAD			23-3100062		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, energine of Det III is additional	through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry For organizations			
(a) No. from	Use duplicate copies of Part III if additional s (b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I		(0) 000 01 g				
-		(e) Transfer of g				
-	Transferee's name, address, an	Id ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription 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) Des	cription of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship			ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of g				
-	Transferee's name, address, an	ld ZIP + 4	Relationship of tra	ansferor to transferee		

60	HEDULE D	Supplement:	al Financial Statements	OMB No. 1545-0047
			anization answered "Yes" on Form 990,	2021
(FOIT	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	ZUZ I
	ment of the Treasury		Attach to Form 990.	Open to Public Inspection
-	Revenue Service		90 for instructions and the latest information.	
Nam	e of the organizati	ON THE FORUM ON EDUCATION ABRO	م	Employer identification number 23-3100062
Par	t l Organiza		d Funds or Other Similar Funds or A	
Fai		n answered "Yes" on Form 990, Part IV, lin		Complete if the
	organizatio			(b) Funds and other accounts
1		nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5	•		writing that the assets held in donor advised fund	
			exclusive legal control?	
6			dvisors in writing that grant funds can be used o	
			r donor advisor, or for any other purpose conferr	°
De	impermissible priv			
Par			ganization answered "Yes" on Form 990, Part IV	, line 7.
1		servation easements held by the organization		
		n of land for public use (for example, recrea		orically important land area
	—	f natural habitat	Preservation of a cert	ified historic structure
	Preservation	n of open space		
2	•	. .	ied conservation contribution in the form of a co	
	day of the tax year			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	0			2b
С	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c
d			after 7/25/06, and not on a historic structure	
	listed in the Nation	al Register		2d
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	ization during the tax
	year 🕨			
4	Number of states	where property subject to conservation eas	sement is located	
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enf	orcement of the conservation easements it	holds?	Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	►\$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	Yes	🗌 No
0	In Dart XIII, describe how the examination reports concernation economists in its revenue and evenence attempts and		

D	
	organization's accounting for conservation easements.
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
9	In Part XIII, describe now the organization reports conservation easements in its revenue and expense statement and

	organization's accounting for conservation easements.
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works

Ia	In the organization elected, as permitted under FASE ASC 356, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	

			φ
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	vid	vide
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

k	2	Ass	ets	include	ed	in	For	m 9	90,	Pa	ırt	Х	
		_	-		-	_	-						

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

<u>Sche</u>		ON EDUCATION ABR				23-310		P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant u	use of its			
	collection items (check all that apply):		•	C C	•				
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	ellections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								
-	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange								<u></u>
	reported an amount on Form 990, Par		to in the organization		11 0111 000	, i artiv,	110 0, 01		
10	Is the organization an agent, trustee, custodi		any for contributions	or other assets not	included				
Ia							Yes		No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					∟			
b	in res, explain the arrangement in Part All s	and complete the foll	owing table.				Amount		
	De sienie a balance						Amount	•	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				1 f				
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been p	provided on Part XIII					
Par	t V Endowment Funds. Complete i						() -		<u> </u>
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y				
1a	Beginning of year balance	2,702,644.	2,006,993.	1,994,101.	1,8	70,077.	1,		641.
b	Contributions								000.
с	Net investment earnings, gains, and losses	128,094.	710,136.	26,607.	1	136,824. 14		142,	848.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs							79,	412.
f	Administrative expenses	15,900.	14,485.	13,715.		12,800.			
g	End of year balance	2,814,838.	2,702,644.	2,006,993.	1,9	94,101.	1,	870,	077.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	95.3500	%	,					
b	Permanent endowment	%							
	Term endowment 4.6500								
•	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posses		tion that are held an	d administered for t	he organiz:	ation			
ou	by:	oolori or the organiza			no organiza		Г	Yes	No
	(i) Unrelated organizations						3a(i)	x	
							3a(ii)		x
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as require	nd on Schodulo P2				3b		
ں ۸	Describe in Part XIII the intended uses of the						30		<u> </u>
Par	t VI Land, Buildings, and Equipm		inent lunus.						
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 10				
	· · ·								
	Description of property	(a) Cost or ot basis (investm			Accumulate epreciation	a	(d) Bool	< valu	е
	Land				preciation				
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Tota	I . Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part ⟩	K <u>. column (B), line 1</u> ()c <u>.</u>)					0.
						Schedule	D (Form	ı 990)	2021

- - -

23-3100062 Page **3**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DICKINSON COLLEGE ENDOWMENT FUND	2,814,838.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 000 Part X col (B) line 12)	2 814 838	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

X

Sche	dule D (Form 990) 2021 THE FORUM ON EDUCATION ABROAD			23-3100062	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,850,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	22,094.		
b	Donated services and use of facilities	2b	34,738.		
с					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	56,832.
3	Subtract line 2e from line 1			3	1,793,833.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,900.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	15,900.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,809,733.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	2,113,431.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	34,738.		
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	34,738.
3	Subtract line 2e from line 1			3	2,078,693.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,900.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	15,900.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	5	2,094,593.		
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b an	d 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional informa	tion.		

PART X, LINE 2:

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

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

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

ENTITY LEVEL INCLUDE THE CONTINUING VALIDITY OF ITS EXEMPT ORGANIZATION

STATUS, POTENTIAL FILING REQUIREMENT FOR UNRELATED BUSINESS INCOME AND

OTHER TAX POSITIONS THAT COULD RESULT IN INCOME TAX LIABILITIES TO THE

FORUM UPON EXAMINATION BY TAXING AUTHORITIES. PRESENTLY, MANAGEMENT

BELIEVES THAT IT IS MORE LIKELY THAN NOT ITS TAX POSITION WILL BE

SUSTAINED UPON EXAMINATION, INCLUDING ANY APPEALS AND LITIGATION, SUCH

THAT THE FORUM HAS NO EXPOSURE TO INCOME TAX LIABILITIES FROM UNCERTAIN

TAX POSITIONS. THE FORUM IS SUBJECT TO ROUTINE AUDITS BY TAXING

Part XIII Supplemental Information (continued)

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

IN PROGRESS.

PART V, LINE 4

THE FORUM ON EDUCATION ABROAD HAS INVESTED IN THE DICKINSON COLLEGE

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

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

FORUM ON EDUCATION ABORAD PROGRAMMING.

SCHEDULE I (Form 990)		OMB No. 1545-0047								
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection		
Name of the organization		EDUCATION ABRC	DAD					Employer identification number 23-3100062		
Part I General Info	rmation on Grants a	nd Assistance								
-			amount of the grants			-	stance, and the selection	on Yes X No		
			oring the use of grant							
		-	be duplicated if addition			anization answered "Y	′es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and addr or gover	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
DICKINSON COLLEGE 28 NORTH COLLEGE ST CARLISLE, PA 17013	FREET	23-1365954	501(C)(3)	10,000.	0.			CENTER FOR GLOBAL STUDY AND ENGAGEMENT		
3 Enter total number	of section 501(c)(3) and of other organizations eduction Act Notice,	s listed in the line 1		l line 1 table			<u> </u>	1. Schedule I (Form 990) 2021		

Schedule I (Form 990) 2021

THE FORUM ON EDUCATION ABROAD

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

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

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

23-3100062

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 23-3100062

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

THE FORUM HAS A MANAGEMENT CONTRACT WITH DICKINSON COLLEGE. UNDER THE TERMS

THE FORUM ON EDUCATION ABROAD

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:

MEMBERS APPROVE CHANGES TO THE BY-LAWS.

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

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

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

SUBJECT TO ANNUAL REVIEW AND IF NECESSARY, UPDATES.

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

IT IS THE RESPONSIBILITY OF THE BOARD EXECUTIVE COMMITTEE TO ANNUALLY

REVIEW THE PERFORMANCE OF THE FORUM'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

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

Name of the organization	Employer identification number
THE FORUM ON EDUCATION ABROAD	23-3100062
ONJUNCTION WITH THE MANAGEMENT CONTRACT.	
ORM 990, PART VI, SECTION C, LINE 19:	
OVERNING DOCUMENTS ARE HELD AT THE FORUM'S OFFICE, AND ARE AVAILABLE	IIDON
OVERNING DOCOMENTS ARE HELD AT THE FOROM S OFFICE, AND ARE AVAILABLE	UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
File a	separate	application	tor eacr	n return.

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

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

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

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

Type or print	Name of exempt organization or other filer, see instruct	Taxpayer identification number (TIN) 23-3100062			TIN)		
•	THE FORUM ON EDUCATION ABROAD						
File by the due date for filing your	for Number, street, and room or suite no. If a P.O. box, see instructions. 28 NORTH COLLEGE STREET						
return. See instructions		oreign addı	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0	1
Applica	tion	Return	Application			R	eturn
ls For		Code	Is For				
Form 99	0 or Form 990-EZ	01	Form 1041-A				08
Form 47	20 (individual)	03	Form 4720 (other than individual)				09
Form 99	0-PF	04	Form 5227		10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 99	0-T (trust other than above)	06	Form 8870				12
Form 99	0-T (corporation)	07					
Telephone No. ▶ 717-245-1031 Fax No. ▶ ● If the organization does not have an office or place of business in the United States, check this box ▶ ● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ ● If this is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time untilMAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ●							
<u>ar</u> b lf <u>es</u> c Ba	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						0. 0. 0.
	ing EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ons.			3c 453-TE and	d Form 8879-T	E for payr	

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

Form 8868 (Rev. 1-2022)