** PUBLIC DISCLOSURE COPY ** 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.

Open to Public

Department of the Treasury Internal Revenue Service

			orniaao for instructions and i		normation.	inspection
<u>A F</u>	or the	2023 calendar year, or tax year beginning	and	ending	1	
B c	heck if pplicable				D Employer identif	fication number
	Addre:	FUND FOR EDUCATION ABROAD				
	Name chang	Doing business as			26-3041520)
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone numb	er
	Final return/	1155 CONNECTICUT AVE NW		300	202-349-734	
	termin ated		ZIP or foreign postal code		G Gross receipts \$	764,208.
L	Ameno	WASHINGTON, DC 20030			H(a) Is this a group	
	Application pendir	F Name and address of principal officer. The brains	LA SCHAFFER		for subordinate	
		SAME AS C ABOVE			H(b) Are all subordinates	
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions
	Vebsit		Other	1	H(c) Group exempti	
	orm of ort I	organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 2008	M State of legal domicile: DC
1 6	_		-iifitti-iti ΨΟ PPO	עדטב פייווו	N YBDOYD	
9	1	Briefly describe the organization's mission or most SCHOLARSHIPS AND ONGOING SUPPORT TO U	S COLLEGE STUDENTS	VIDE SIG	OI ADROAD	
Jan			ntinued its operations or dispos	and of more	than 25% of its not as	
/err	l	Number of voting members of the governing body			3	
Ĝ	ı	Number of independent voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,			<u>'</u>
∞ ′0	l	Total number of individuals employed in calendar y				
ij	l .	Total number of volunteers (estimate if necessary)				
Activities & Governance		Total unrelated business revenue from Part VIII, co			7a	0.
ď	ı	Net unrelated business taxable income from Form				0.
					Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			643,326.	. 604,733.
ž	9	Program service revenue (Part VIII, line 2g)			0.	. 93,125.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		23,779.	2,839.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		-39,006.	· · · · · · · · · · · · · · · · · · ·
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		628,099.	<u> </u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		611,834.	
	ı	Benefits paid to or for members (Part IX, column (A			0.	
es	15	Salaries, other compensation, employee benefits (F			43,452.	'
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			0.	. 0.
ă X	_b	Total fundraising expenses (Part IX, column (D), line		298.	100 150	105 725
	''	Other expenses (Part IX, column (A), lines 11a-11d,			199,159. 854,445.	
		Total expenses. Add lines 13-17 (must equal Part I)			-226,346	
_ <u>_ ç</u>		Revenue less expenses. Subtract line 18 from line	12	Be	ginning of Current Year	
ets o	20	Total assets (Part X, line 16)			1,884,977.	
Asse	21	T			160,371,	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from			1,724,606.	· '
Pa	rt II	Signature Block	····			· · · · · · · · · · · · · · · · · · ·
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to the best of m	ny knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.	
Sign	า	Signature of officer			Date	
Her	е	ANGELA SCHAFFER, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check if	PTIN
Paid		KELLI PECK	KELLI PECK	1	0/16/24 self-empl	· · · · · · · · · · · · · · · · · · ·
Prep		Firm's name RSM US LLP			Firm's EIN	42-0714325
Use	Only	Firm's address 7351 OFFICE PARK PLACE				
		MELBOURNE, FL 32940-8229			Phone no.32	1-751-6200
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE FUND FOR EDUCATION ABROAD (FEA) IS TO PROVIDE	
	SCHOLARSHIPS AND ONGOING SUPPORT TO STUDENTS WITH FINANCIAL NEED WHO	
	ARE UNDERREPRESENTED AMONG THE U.S. STUDY-ABROAD POPULATION. FEA MAKES	
	LIFE-CHANGING, INTERNATIONAL EXPERIENCES ACCESSIBLE TO ALL BY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		1651NO
	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 measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$648,893. including grants of \$615,555.) (Revenue \$	93,125.
	PROVIDING OPPORTUNITIES FOR COLLEGE STUDENTS TO PARTICIPATE IN	
	HIGH-QUALITY, RIGOROUS EDUCATION ABROAD PROGRAMS BY REDUCING FINANCIAL	
	RESTRICTIONS THROUGH THE PROVISION OF GRANTS AND SCHOLARSHIPS. 146	
	SCHOLARSHIPS WERE AWARDED TO RECIPIENTS SELECTED THROUGH AN INDEPENDENT	
	VOLUNTEER REVIEW PROCESS DURING 2023.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 648,893.	

Form 990 (2023) FUND FOR 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,	。		x
_	Schedule D, Part III	8		
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?	_		x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		.,,	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ 		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-'' -		
.0		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ '°		\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21]	X

Form 990 (2023) FUND FOR EDUCATION ABROAD

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.5	Part V, line 1	34	Х	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
50	N - AU - 000 CI	38	х	
Pai		_ 55	1	
	Check if Schedule O contains a response or note to any line in this Part V			Х
	1		Yes	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	

023) FUND FOR EDUCATION ABROAD

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

			Yes	No
2 a	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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	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		Х
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
о 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

FUND FOR EDUCATION ABROAD Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Section C. Disclosure

17 List the states with which a	copy of this Form 990 is required to be filed	AR,CA	,KY	, MA	, MN	, NH	,NJ	,OR	, SC	, TN	UT,	,WI
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

taxable entity during the year?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ANGELA SCHAFFER - 202-349-7340

1155 CONNECTICUT AVE NW, 300, WASHINGTON, DC 20036

exempt status with respect to such arrangements?

Х

16a

16b

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

Name and title	(A)	(B)	(C)		(D)	(E)	(F)				
Note Provided Research Note Note Note Provided Research Note	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Compensation from the organization below Final Property Final Proper		hours per	box	box, unless person is both an		compensation	compensation	amount of			
ANGELA SCHAFFER				officer and a director/trustee)							
ANGELA SCHAFFER		1 '	recto							1	
ANGELA SCHAFFER			e or d	tee			sated			,	
ANGELA SCHAFFER			ruste	ll trus		ee/	m pen		1	1099-1420)	~
ANGELA SCHAFFER		1 -	dual t	utiona	_	oldm	st col	-E	1000 1120)		
ANGELA SCHAPPER		line)	Indivi	Instit	Office	Key e	Highe	Form			
C) KATE SIMPSON (ATA PRESIDENT) 5.00	(1) ANGELA SCHAFFER	40.00									
FINANCE DIRECTOR	EXECUTIVE DIRECTOR				х				114,471.	0.	7,616.
(3) MARK LENHART (CET EXEC DIR) 5.00	(2) KATE SIMPSON (ATA PRESIDENT)	5.00									
CHAIRMAN	FINANCE DIRECTOR	40.00			Х				0.	0.	0.
(4) AMAR REWARI	(3) MARK LENHART (CET EXEC DIR)	5.00									
VICE CHAIRMAN	CHAIRMAN	40.00	Х		Х				0.	0.	0.
SECRETARY		1.00									
X			Х		Х				0.	0.	0.
Column	, , , , , , , , , , , , , , , , , , , ,	2.00									
TREASURER			Х		Х				0.	0.	0.
CYNTHIA BANKS		1.00									
TRUSTEE			Х		Х				0.	0.	0.
Reference		1.00									
TRUSTEE			Х						0.	0.	0.
STRUCK GREENE		1.00	-						_	_	_
TRUSTEE X 0. 0. 0. (10) GAIL GUGEL 1.00 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (11) SARAH JEFFRIES 1.00 0. 0. 0. 0. 0. TRUSTEE X 0. 0			Х				_		0.	0.	0.
TRUSTEE	, , , , , , , , , , , , , , , , , , , ,	1.00								_	
TRUSTEE		1 00	Х						0.	0.	0.
TRUSTEE		1.00	,							_	
TRUSTEE		1 00	Х	_			_		0.	0.	<u> </u>
TRUSTEE		1.00	,							_	
TRUSTEE X 0. 0. 0. (14) BRAD STEPAN 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. (15) ELLEN YUI 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. (16) DANELLE RADNEY 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. (17) KESHIA ABRAHAM 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (18) DEREK LUNA 1.00 0. 0. 0. 0.		1 00	A						0.	0.	0.
TRUSTEE		1.00	v						0	_	_
TRUSTEE X 0. 0. 0. (15) ELLEN YUI 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. (16) DANELLE RADNEY 1.00 0. 0. 0. TRUSTEE X 0. 0. 0. (17) KESHIA ABRAHAM 1.00 0. 0. 0. TRUSTEE X 0. 0. 0. (18) DEREK LUNA 1.00 0. 0. 0.		1 00	Λ						0.	0.	0.
TRUSTEE		1.00	x						0	0	0
TRUSTEE X 0. 0. 0. (16) DANELLE RADNEY 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) KESHIA ABRAHAM 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (18) DEREK LUNA 1.00 0. 0. 0. 0. 0.		1 00								••	<u> </u>
TRUSTEE		1.00	x						0.	0.	0.
TRUSTEE X 0. 0. 0. (17) KESHIA ABRAHAM 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (18) DEREK LUNA 1.00 0. 0. 0. 0. 0.		1.00									
(17) KESHIA ABRAHAM			х						0.	0.	0.
(18) DEREK LUNA 1.00	(17) KESHIA ABRAHAM	1.00									
	TRUSTEE		х						0.	0.	0.
TRUSTEE X 0. 0. 0.	(18) DEREK LUNA	1.00									
	TRUSTEE		х			L			0.	0.	0.

Form **990** (2023)

Form 990 (2023) FUND FOR EDU	CATION ABRO	AD							26-30	4152	0	Р	age 8
Part VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			Pos				(D)	(E)			(F)	
Name and title	Average hours per			heck	more	than (Reportable	Reportable			timate	
	week			ss per nd a d				compensation from	compensation from related			nount other	
	(list any	tor						the	organization			pensa	
	hours for	r director				ted		organization	(W-2/1099-MIS	SC/	fr	om th	ne
	related	stee o	truste			bensa		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)				d relat ınizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ıııızaıı	10115
		=	=	0	~	Τ 60	т.						
		1											
		-											
		1											
1b Subtotal					<u> </u>	_		114,471.		0.		7,	616.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								114,471.		0.		7,	616.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization											I		1
O Did the conscionation link and former officers				1			1			ı		Yes	No
3 Did the organization list any former officer	-		•	•	•		_		•		3		х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150	=		-					· · · · · · · · · · · · · · · · · · ·	-		4		х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	plete Schedule	e J f	or sı	ıch <u>ı</u>	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	-							· · · · · · · · · · · · · · · · · · ·	oensat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.		10	.,	
(A) Name and business	address	NO	NE					Description of s	ervices	С	(C ompei		n
							\dashv						
2 Total number of independent contractors (i	•	ot lin	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation				(0							

Form 990 (2023) FUND FOR EDUCATION ABROAD

Part VIII Statement of Revenue

		Check if Schedule O c	ontains a	a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
ဇ် မြ		Fundraising events		1c	22,328.				
fts, r A		Related organizations		1d	, -				
ië ië		Government grants (contri		1e					
Sin		All other contributions, gifts,	-						
e E	'			I I	582,405.				
έĐ		similar amounts not included		1f	10,300.				
o d	g		ines 1a-1f	1g \$	10,300.	604,733.			
O a	<u>n</u>	Total. Add lines 1a-1f			Business Code	004,733.			
	_	AGGEGG DADMNED DEVE	ATT 173		900099	02 125	02 125		
<u>ic</u>	2 a				900099	93,125.	93,125.		
er v	b								
n S	С								
ran Sev	d								
Program Service Revenue	е								
₫	f	All other program service r							
	g	Total. Add lines 2a-2f				93,125.			
	3	Investment income (includ	ing divide	ends, intere	st, and				
		other similar amounts)				37,367.			37,367.
	4	Income from investment of	f tax-exer	mpt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
		Gross amount from sales of		Securities	(ii) Other				
		assets other than inventory	7a						
	h	Less: cost or other basis							
ō	-	and sales expenses	7b	34,528.					
Revenue	c		-	-34,528.					
ě		Net gain or (loss)				-34,528.			-34,528.
푸		Gross income from fundraisin				, , , , , , , , , , , , , , , , , , , ,			, , , , ,
)ther	υu	including \$							
0		contributions reported on							
		Part IV, line 18		I .	23,125.				
	h	Less: direct expenses			<u> </u>				
		Net income or (loss) from f			,	-14,500.			-14,500.
		Gross income from gaming		_		,			22,550.
	Эа	Part IV, line 19		I .					
	L	Less: direct expenses							
		Net income or (loss) from (· · · · · · · · · · · · · · · · · · ·				
	ій а	Gross sales of inventory, le			j				
	_	and allowances							
		Less: cost of goods sold)				
\dashv	С	Net income or (loss) from s	sales of ir	nventory	Duniu C				
2		MICCELL ANDOUG			Business Code	F 050			F 050
eor Te		MISCELLANEOUS			900099	5,858.			5,858.
Miscellaneous Revenue	b								
Sel Sev	С								
Mis		All other revenue							
		Total. Add lines 11a-11d				5,858.			
	12	Total revenue. See instructio	ns			692,055.	93,125.	0.	-5,803.

Part IX | Statement of Functional Expenses

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

Secu	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			garraran arquarasa	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	615,555.	615,555.		
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	3,420.	1,721.	761.	938.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	65,292.	963.	64,329.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,781.		10,781.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	12,747.	3,258.	9,049.	440.
12	Advertising and promotion				
13	Office expenses	13,882.	6,089.	3,576.	4,217.
14	Information technology	1,418.		1,418.	
15	Royalties				
16	Occupancy				
17	Travel	16,957.	2,295.	2,838.	11,824.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,809.	640.	804.	12,365.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,856.		2,856.	
23	Insurance	953.		953.	
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	DUES AND SUBSCRIPTIONS	25,658.	18,372.	3,370.	3,916.
b	BAD DEBT EXPENSE	19,500.		19,500.	
С	STATE FILING FEES	1,480.			1,480.
d					
	All other expenses	402.	540.000	284.	118.
25	Total functional expenses. Add lines 1 through 24e	804,710.	648,893.	120,519.	35,298.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)

Form 990 (2023) Part X Balance Sheet

Par	rt X	Check if Schedule O contains a response or i	note to a	vy line in this Part V			
		Check ii Schedule O contains a response or i	note to ar	ly lifte in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			411,699.	1	400,570.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			245,859.	3	217,500.
	4	Accounts receivable, net	146,625.	4	53,250.		
	5	Loans and other receivables from any current					
	_	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disgu					
		under section 4958(f)(1)), and persons describ	•	,		6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Description of the second seco			5,218.	9	9,022.
		Land, buildings, and equipment: cost or othe			·		·
		basis. Complete Part VI of Schedule D		9,833.			
	b				3,446.	10c	591.
	11	Investments - publicly traded securities		·	1,072,030.	11	1,088,256.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		100.	15	0.	
	16	Total assets. Add lines 1 through 15 (must e	1,884,977.	16	1,769,189.		
	17	Accounts payable and accrued expenses			151,923.	17	98,787.
	18	Grants payable		18			
	19	Deferred revenue		19	26,243.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
w	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
liqe		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to uni			8,448.	23	
	24	Unsecured notes and loans payable to unrela	ted third			24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			160,371.	26	125,030.
		Organizations that follow FASB ASC 958, o	heck he	e X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,517,214.	27	1,178,882.
Bal	28	Net assets with donor restrictions			207,392.	28	465,277.
pu		Organizations that do not follow FASB ASC					
F		and complete lines 29 through 33.					
, or	29	Capital stock or trust principal, or current fun		29			
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,724,606.	32	1,644,159.
_	33	Total liabilities and net assets/fund balances			1,884,977.	33	1,769,189.

Form **990** (2023)

Form	1 990 (2023) FUND FOR EDUCATION ABROAD	26-30415	20	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		692,	055.
2	Total expenses (must equal Part IX, column (A), line 25)	2		804,	710.
3	Revenue less expenses. Subtract line 2 from line 1	3		-112,	655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,724,	606.
5	Net unrealized gains (losses) on investments	5		134,	669.
6	Donated services and use of facilities	6		-64,	088.
7	Investment expenses	7			
8	Prior period adjustments	8		-38,	373.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1	,644,	159.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	Х	
	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:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Employer identification number

FUND FOR EDUCATION ABROAD 26-3041520 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,273,486.	303,001.	506,881.	643,226.	604,733.	3,331,327.
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						
	Total. Add lines 1 through 3	1,273,486.	303,001.	506,881.	643,226.	604,733.	3,331,327.
	The portion of total contributions	, ,	,	ŕ	,	·	
	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)						860,101.
	Public support. Subtract line 5 from line 4.						2,471,226.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,273,486.	303,001.	506,881.	643,226.	604,733.	3,331,327.
	Gross income from interest,	, , ,	, -	, -	, ,	, -	, , ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,588.	24,924.	64,463.	23,779.	37,367.	165,121.
9	Net income from unrelated business	11,000.	21,721.	01,100.	20,770	0.,00.	
9							
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain						
	or loss from the sale of capital	311.	3.		4,431.	5,858.	10,603.
	assets (Explain in Part VI.)	311.	3.		1,151.	3,030.	3,507,051.
	Total support. Add lines 7 through 10	-1- (i1				40	250,045.
	Gross receipts from related activities,			outh or fifth toy w		12	230,043.
13	First 5 years. If the Form 990 is for the	-		•			
Sec	organization, check this box and stop ction C. Computation of Publi			•••••			
	Public support percentage for 2023 (li			olumn (fl)		14	70.46 %
	Public support percentage from 2022				T T	15	66.89 %
	33 1/3% support test - 2023. If the co					'	
104	stop here. The organization qualifies					ore, ericek triis box	77
h	33 1/3% support test - 2022. If the c		•				
172	and stop here. The organization qualifies as a publicly supported organization						
114	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
				-	•	-	
L	meets the facts-and-circumstances test	-					
a	10% -facts-and-circumstances test	-					U70 UI
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-	•			H
18	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a	, 100, 1/a, or 1/b,	check this box ar	ia see instructions	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	 -		
	5b 5c		
	33		
	6		
	7		
	8		
	9a		
	9b		
	συ		
	9с		
	10a		
	401-		
ule	10b A (Forn	n 990)	2023
	,		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction		No.
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а				
	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
b	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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	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 the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2023 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	From 2018					
<u>b</u>	From 2019					
c	From 2020					
d	From 2021					
<u>e</u>	From 2022					
<u>f</u>	Total of lines 3a through 3e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
<u>_i</u>	Carryover from 2018 not applied (see instructions)					
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2023 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
<u>a</u>	Excess from 2022 Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number

F	UND FOR EDUCATION ABROAD	26-3041520				
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						
• •	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.				
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota ny one contributor. Complete Parts I and II. See instructions for determining a contribut	· · · · · · · · · · · · · · · · · · ·				
Special Rules						
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	and that received from any one				
contributor, duri literary, or educa	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable ational purposes, or for the prevention of cruelty to children or animals. Complete Parts (b) instead of the contributor name and address), II, and III.	, scientific,				
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\$						
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-ling requirements of Schedule B (Form 990).					
For Paperwork Reduction A	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)				

Name of organization

Employer identification number

FUND FOR EDUCATION ABROAD

26-3041520

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$57,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$46,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$37,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FUND FOR EDUCATION ABROAD

26-3041520

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$20,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$18,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$18,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$18,750.	Person X Payroll

Name of organization

Employer identification number

FUND FOR EDUCATION ABROAD

26-3041520

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

FUND FOR EDUCATION ABROAD 26-3041520

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

Employer identification number

Name of organization

IIMD FOD	EDUCATION ABROAD			26-3041520		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, course duplicate copies of Part III if additional security	through (e) and the following line enharitable, etc., contributions of \$1,000 or	trv. For organizations	io) that total more than \$1,000 for the yea		
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held		
-		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	f transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of	f transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held		
		(a) Transfer of gi				
	(e) Transfer			f transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held		
-		(e) Transfer of gi				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	f transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

FUND FOR EDUCATION ABROAD

Employer identification number

26 - 3041520

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Dono and an impact of the color		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or	Other S	Similar <i>F</i>	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that r	nake sigr	nificant use	of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization	i's exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar as	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Pai	rt IV Escrow and Custodial Arran	gements Comple	te if the organizatior	answered "Ye	es" on Fo	orm 990, P	art IV, lir	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other asse	ets not in	cluded				
	on Form 990, Part X?						\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount	t	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ıstodial accoui	nt liability	/?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV						
		(a) Current year	(b) Prior year	(c) Two years		d) Three yea		(e) Four		
1a	Beginning of year balance	1,072,029.	1,288,134.				,942.			042.
b	Contributions	201,409.	175,375.	+ <i>'</i>	000.		,689.			347.
С	Net investment earnings, gains, and losses	137,508.	-223,140.	96,	896.	104	,002.		27,	553.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	311,908.	157,510.							
f	Administrative expenses	10,782.	10,830.		659.		,736.			
g	End of year balance	1,088,256.	1,072,029.	1,288,	134.	1,041	,897.		588,	942.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	42.6400	_%							
b	Permanent endowment 57.3600	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	d for the			_		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	· · ·							
	Description of property	(a) Cost or o basis (investn	` '	or other (other)	` '	cumulated reciation		(d) Bool	k valu	e
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			9,833.		9,24	2.			591.
	Other									
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, line 10c, column	(B))						591.
						_				

FUND FOR EDUCATION ABROAD

iption of security or category (including name of security) cial derivatives	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
y held equity interests			
(b) must equal Form 990, Part X, line 12, col. (B))			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(b) must equal Form 990, Part X, line 13, col. (B))			
	on Form 000 Dort IV line:	11d Soc Form 000 Port V line 15	
-		Tru. See Form 990, Fart A, line 13.	(b) Book value
(4)	Description		(b) Book value
	I (R))		
Other Liabilities	. (U))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability		•	(b) Book value
· · · · · · · · · · · · · · · · · · ·			. ,
lumn (b) must equal Form 990, Part X, line 25, col	((B))		
	(a) Description of investment (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" (a) (a) Other Liabilities Complete if the organization answered "Yes"	Il Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description of investment (b) Book value (b) Book value (b) Book value (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description of liability	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 (c) Metho

	Complete if the organization answered "Yes" on Form 990, Part				
	evenue, gains, and other support per audited financial statemen	ts		1	1,091,048.
	ts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	realized gains (losses) on investments		134,669.		
	d services and use of facilities		226,699.		
c Recove	eries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
	es 2a through 2d			2e	361,368.
3 Subtra	ct line 2e from line 1			3	729,680.
	ts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	nent expenses not included on Form 990, Part VIII, line 7b			-	
	Describe in Part XIII.)	4b	-37,625.		
	es 4a and 4b			4c	-37,625.
5 Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. li	ne 12.)	vnanasa nar F	5	692,055.
	Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part		xpenses per F	keturn	
		. 17, 1110 124.		1	1,143,498.
	ts included on line 1 but not on Form 990, Part IX, line 25:				.,===,==
	d services and use of facilities	2a	301,163.		
			,	-	
	ear adjustments	I I		-	
	osses Describe in Part XIII.)		37,625.	-	
,	•			2e	338,788.
	es 2a through 2d			3	804,710.
	ct line 2e from line 1 ts included on Form 990, Part IX, line 25, but not on line 1:				
	nent expenses not included on Form 990, Part VIII, line 7b	42			
	Describe in Part XIII.)			-	
	4			40	0.
				4c 5	804,710.
Part XIII	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I. Supplemental Information	line 18.)] 3	001,710.
	lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 1: Part IV lines 1h an	d 2h: Part V. line 4	· Dart Y lir	ne 2: Part YI
	4b; and Part XII, lines 2d and 4b. Also complete this part to prov			, 1 (11), 111	10 2, 1 at Ai,
-					
D3DM 17 T T	THE A.				
PART V, LI	NE 4:				
STUDY ABRO	OAD SCHOLARSHIPS AND/OR OPERATIONAL SUPPORT				
DIODI IIDRO	Denomination in the second sec				
PART X, LI	NE 2:				
	DUCATION ABROAD IS EXEMPT FROM INCOME TAXES UN	DER SECTION			
501(C)(3)	OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASS	SIFIED BY THE			
INTERNAL F	EVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDAT	ION WITHIN THE			
MEANING OF	SECTION (509)(A)(2) OF THE INTERNAL REVENUE CO	DDE. THE			
ORGANIZATI	ON BELIEVES THAT ITS INCOME TAX FILING POSITION	NS AND DEDUCTIONS			
WILL BE SU	STAINED UPON EXAMINATION AND, ACCORDINGLY, HAS	NOT RECORDED ANY			
	OR RELATED ACCRUALS FOR INTEREST AND PENALTIES,				
2023, FOR	UNCERTAIN INCOME TAX POSITIONS. THE ORGANIZATION	ON CONTINUALLY			

Schedule D (Form 990) 2023 FUND FOR EDUCATION ABROAD	26-3041520	Page 5
Part XIII Supplemental Information (continued)		
EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS,		
CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS. CURRENTLY, THE TAX		
YEARS ENDING 2020 THROUGH 2023 ARE OPEN AND SUBJECT TO EXAMINATIONS BY THE		
INTERNAL REVENUE SERVICE.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 -37,625.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 37,625.		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

FUND FOR E	DUCATION ABROAD					26-304152	:0				
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not				
Indicate whether the organization rais	eed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual or art VII) or entity in connection with providuals or entities (fundraisers) pursual	ion of ion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		or control of		(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No								
Total											
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration				

Pa	art I					
		of fundraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL GALA (event type)	(event type)	(total number)	col. (c))
nue			71 7	(*)1)		
Revenue	1	Gross receipts	45,453.			45,453.
_		Less: Contributions	22,328.			22,328.
	3	Gross income (line 1 minus line 2)	23,125.			23,125.
	4	Cash prizes				
ø		Noncash prizes				
Direct Expenses	6	Rent/facility costs	7,878.			7,878.
irect E	7	Food and beverages	26,050.			26,050.
		Entertainment	3,550.			3,550.
	9	Other direct expenses				147.
	10	Direct expense summary. Add lines 4 through	()			37,625.
D-		Net income summary. Subtract line 10 from li				-14,500.
Pč	art I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
	Г	\$13,000 OH FORM 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		•	Yes No
b) If "`	Yes," explain:				
	_					

Sch	ledule G (Form 990) 2023 FUND FOR EDUCATION ABROAD 26	-304152	20	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	Garning manager information.			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🔲	Yes	O No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule C	G (Form 990)	FUND FOR EDUCATION ABROAD	26-3041520	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FUND FOR EDUCA	TION ABROAD						26-3041520
Part I General Information on Grants ar	nd Assistance					·	
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	n
criteria used to award the grants or assis	tance?						Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than \$			onal space is need	1	(e) NA-11 1 - 5		
1 (a) Name and address of organization or government	(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
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-		e line 1 table	I	<u> </u>		

<u>Schedule I (Form 990) 2023</u> FUND FOR EDUCATION ABROAD 26-3041520 Page **2**

Part III can be duplicated if additional space is needed.	1 1			T	
(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
SCHOLARSHIPS	146	615,555.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part L lin	e 2: Part III. column	(b): and any other ac	dditional information	
Cappientena mormaten Tovido tre mormaten req	anca iirr arei, iir	o z, r ure iii, ooidiiiii	(b), and any other ac	aditional information.	
PART I, LINE 2:					
SCHOLARSHIP RECIPIENTS SIGN AN AGREEMENT STATING TO	HAT THEY UNDE	RSTAND THE			
INTENTIONS OF THEIR SCHOLARSHIP AWARD AND COMMIT TO	O RIOGGING S	CHOLARSHIPS			
INTENTIONS OF THEIR SCHOOLINGSHIP INVINCENTIAL IN	blooding. b	CHOMINDHILD			
ARE DISBURSED TO AWARD RECIPIENTS FOR STUDY-ABROAD	RELATED EXPE	NSES SUCH AS			
TUITION/PROGRAM FEES AND AIRFARE; RECEIPTING IN TH	E FORM OF PRO	GRAM			
INVOICES OR REIMBURSABLE TRAVEL EXPENSES ARE REQUIRED	ית שפ∩שקק חשכ	CRIIDCEMENIMO			
INVOICES OR REIMBORDABLE TRAVEL EAFENSES ARE REQUII	ZEN DELOKE DI	STMEME GAUGE			
ARE MADE. ADDITIONALLY, STUDENTS ARE MONITORED WHILE	LE ABROAD THR	OUGH A			
BLOGGING REOUIREMENT.					

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Inspection

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization FUND FOR EDUCATION ABROAD

Employer identification number 26-3041520

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORTING STUDENTS OF COLOR, COMMUNITY COLLEGE, AND FIRST-GENERATION
COLLEGE STUDENTS BEFORE, DURING, AND AFTER THEY PARTICIPATE IN
EDUCATION ABROAD PROGRAMS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE FINANCE
COMMITTEE REVIEWS THE 990; IT IS THEN PRESENTED TO THE BOARD FOR APPROVAL
AT THE NEXT QUARTERLY MEETING.
FORM 990, PART V, LINE 2A:
COMPENSATION FOR THE ORGANIZATION'S EMPLOYEES IS PAID BY ACADEMIC
TRAVEL ABROAD, A RELATED ORGANIZATION, UNDER A COMMON PAYMASTER
ARRANGEMENT.
FORM 990, PART VI, SECTION B, LINE 12C:
MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE ANY CONFLICT OF
INTEREST WHEN THEY SIGN THEIR ACCEPTANCE LETTER. THE ORGANIZATION ALSO
REQUIRES THE CONFLICT OF INTEREST POLICY TO BE REVIEWED ANNUALLY BY ALL
TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY OFFICERS OF
THE BOARD OF TRUSTEES. THE EXECUTIVE DIRECTOR MEETS WITH THE FINANCE
DIRECTOR AND BOARD CHAIR TO CONSIDER COMPENSATION FOR OTHER KEY EMPLOYEES

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** FUND FOR EDUCATION ABROAD 26-3041520 ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). FORM 990, PART VII, SECTION A, LINE 1A: FEA UNDERTOOK REASONABLE MEASURES TO REQUEST COMPENSATION INFORMATION FROM OFFICERS AS RELATED PARTY EMPLOYEES. FEA PROVIDED A QUESTIONNAIRE TO MARK LENHART AND KATE SIMPSON, OFFICERS OF FEA AND EMPLOYEES OF RELATED ORGANIZATION, ACADEMIC TRAVEL ABROAD (EIN 52-1098438), REQUESTING COMPENSATION INFORMATION. OFFICERS LISTED "CONFIDENTIAL" IN AREAS OF QUESTIONNAIRE REGARDING COMPENSATION. FORM 990, PART XII, LINE 2C: THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	FUND FOR EDUCATION AS	BROAD					26-3041520		
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	i.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile (state or Total income End-of-year asse			Direct c	(f) irect controlling entity	
	Identification of Related Tax-Exempt Organiza	tions. Complete if the organization	provinced "Yee" on Form 000	Port IV line 24 h	engua it had one	or more	rolated tay avai	mnt	
Part II	organizations during the tax year.	uons. Complete ii the organization a	answered res on rollingso	, Fait IV, IIIIe 54, L	recause it flad offe	·	Telateu tax-exel	iipt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	charity Direct cor section entit		(g) Section 512(b)(13) controlled entity?	
					501(c)(3))			Yes	No

		0	\(\langle - \pi \)	D - + IV / P O / I	State of the contract of the c
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, because	it had one or more related
	organizations treated as a partnership during the tax year.				
	, , ,				

										T	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	or Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year	I	tions?	amount in box 20 of Schedule K-1 (Form 1065)	manag	l or Percentage ownership
		foreign country)		excluded from tax under		assets		Na	20 of Schedule K-1 (Form 1065)	Vaa	<u>'-</u>
-		country)		300000113 3 12 3 14)			Yes	No	13-1 (1 01111 1000)	res	10
							 			+	
										t	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled iity?
ACADEMIC TRAVEL ABROAD - 52-1098438		country)						Yes	No
1155 CONNECTICUT AVE, NW, STE 300									
WASHINGTON, DC 20036	TRAVEL	DC	N/A	C CORP	N/A	N/A	N/A		Х
									<u> </u>

FUND FOR EDUCATION ABROAD 26-3041520 Schedule R (Form 990) 2023

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

1b

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)

С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
					11		Х
	· · · · · · · · · · · · · · · · · · ·				1m		Х
					1n	Х	
 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 							
р	Reimbursement paid to related organization(s) for expenses				1p		х
a	Reimbursement paid by related organization(s) for expenses				1q		Х
7							
r	Other transfer of cash or property to related organization(s)				1r		х
					1s		х
					1.0		
	(a) Name of related organization Tra	(b) ansaction	(c) Amount involved	(d) Method of determining amount inv	olved		
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Schedule R (Form 990) 2023 FUND FOR EDUCATION ABROAD 26-3041520 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	'
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