

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2001Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**THE ERIKSON INSTITUTE**

Number and street (or P O box if mail is not delivered to street address)

420 NORTH WABASH AVENUE

City or town, state or country, and ZIP + 4

CHICAGO, IL 60611**D** Employer identification number**36-2593545****E** Telephone number**(312) 755-2250****F** Accounting method ☐ Cash ☒ Accrual
(Other (specify))

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Web site **WWW.ERIKSON.EDU****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **16,955,532.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	6,408,030.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c	1,215,927.			
	d	Total (add lines 1a through 1c) (cash \$ 7,623,957. noncash \$)	1d	7,623,957.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,288,926.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4				
	5	Dividends and interest from securities	5	1,110,992.			
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe)	7					
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	5,934,426.	8a		
	b	Less cost or other basis and sales expenses	5,743,042.	8b			
	c	Gain or (loss) (attach schedule)	191,384.	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2	8d	191,384.		
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	687,031.			
	b	Less direct expenses other than fundraising expenses	9b	304,625.			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3	9c	382,406.		
	10a	Gross sales of inventory less returns and allowances	10a				
	b	Less cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					
	11	Other revenue (from Part VII, line 10c)					
12	Total revenue (add lines 1d, 2, 3, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	10,907,865.				
Net Assets	13	Program expenses (from line 44, column (B))	13	5,677,694.			
	14	Management and general (from line 44, column (C))	14	1,047,950.			
	15	Fundraising (from line 44, column (D))	15	364,238.			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 13 and 14, column (A))	17	7,089,882.			
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	3,817,983.			
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	29,100,780.			
	20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 4	20	-138,186.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	32,780,577.				

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LHA For Paperwork Reduction Act Notice, see the separate instructions 1

Form 990 (2001)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$384,398. noncash \$	22 384,398.	384,398.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 0.	0.	0.	0.
26 Other salaries and wages	26 4,073,954.	3,248,131.	607,252.	218,571.
27 Pension plan contributions	27 238,220.	189,931.	35,508.	12,781.
28 Other employee benefits	28 67,625.	53,917.	10,080.	3,628.
29 Payroll taxes	29 293,544.	234,040.	43,755.	15,749.
30 Professional fundraising fees	30			
31 Accounting fees	31 22,788.		22,788.	
32 Legal fees	32 34,214.	7,808.	26,406.	
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 523,481.	338,232.	136,050.	49,199.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 177,430.	153,218.	12,675.	11,537.
39 Travel	39 56,811.	54,705.	1,988.	118.
40 Conferences, conventions, and meetings	40 121,504.	99,859.	17,667.	3,978.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 139,144.	87,800.	37,708.	13,636.
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 5	43e 956,769.	825,655.	96,073.	35,041.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 7,089,882.	5,677,694.	1,047,950.	364,238.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)**a TEACHING, LECTURING AND RESEARCHING**

(Grants and allocations \$ 384,398.) 5,677,694.

b

(Grants and allocations \$)

c

(Grants and allocations \$)

d

(Grants and allocations \$)

e Other program services (attach schedule)

(Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

5,677,694.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	196,758.	45	
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	254,278.	47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	4,092,978.	49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	88,969.	53	
	54 Investments - securities	6,311,776.	54	5,653,326.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other	17,444,040.	56	18,850,508.	
57 a Land, buildings, and equipment: basis	1,735,165.			
b Less: accumulated depreciation	909,118.	57c	826,047.	
58 Other assets (describe:)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	29,273,182.	59	33,032,916.	
Liabilities	60 Accounts payable and accrued expenses	160,817.	60	163,498.
	61 Grants payable		61	
	62 Deferred revenue		62	82,498.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe: DEFERRED RENT OBLIGATION)	11,585.	65	6,343.
66 Total liabilities (add lines 60 through 65)	172,402.	66	252,339.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	7,532,525.	67	7,855,333.
	68 Temporarily restricted	15,410,487.	68	18,282,767.
	69 Permanently restricted	6,157,768.	69	6,642,477.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	29,100,780.	73	32,780,577.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	29,273,182.	74	33,032,916.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A **Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return**

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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a Total revenue, gains, and other support per audited financial statements	a	10,769,679.
b Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments \$ -138,186.		
(2) Donated services and use of facilities \$ _____		
(3) Recoveries of prior year grants \$ _____		
(4) Other (specify) \$ _____		
Add amounts on lines (1) through (4)	b	-138,186.
c Line a minus line b	c	10,907,865.
d Amounts included on line 12, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$ _____		
(2) Other (specify) \$ _____		
Add amounts on lines (1) and (2)	d	0.
e Total revenue per line 12, Form 990 (line c plus line d)	e	10,907,865.

a	Total expenses and losses per audited financial statements	a	7,089,882.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	7,089,882.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,089,882.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule **▶** ☐ Yes ☒ No

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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a STUDENT TUITION					1,288,926.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,110,992.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	191,384.	
101 Net income or (loss) from special events			01	382,406.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	310,200.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,994,982.	1,288,926.
105 Total (add line 104, columns (B), (D), and (E))					3,283,908.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	FEES FROM EDUCATIONAL CLASSES OFFERED BY THE INSTITUTE-OUR EXEMPT PURPOSE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

completing schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

May 03

Patrick Furlong, Vice President for Finance

Signature

Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization

THE ERIKSON INSTITUTE

Employer identification number

36 2593545

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>JONATHAN FRANK</u> <u>420 N. WABASH, CHICAGO, IL</u>	<u>DR. DIST. LNG</u> <u>40+</u>	<u>129,844.</u>	<u>10,009.</u>	
<u>BARBARA BOWMAN</u> <u>420 N. WABASH, CHICAGO, IL</u>	<u>EX-PRESIDENT</u> <u>40+</u>	<u>127,134.</u>	<u>10,142.</u>	
<u>FRANCIS STOTT-KAMPWIRTH</u> <u>420 N. WABASH, CHICAGO, IL</u>	<u>DEAN</u> <u>40+</u>	<u>107,438.</u>	<u>8,339.</u>	
<u>MARY JO LAMPARSKI</u> <u>420 N. WABASH, CHICAGO, IL</u>	<u>VP INST. ADV.</u> <u>40+</u>	<u>100,603.</u>	<u>8,049.</u>	
<u>LINDA GILKERSON</u> <u>420 N. WABASH, CHICAGO, IL</u>	<u>FACULTY</u> <u>40+</u>	<u>92,324.</u>	<u>7,155.</u>	
Total number of other employees paid over \$50,000	<u>27</u>			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services	<u>0</u>	

Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** _____ **\$** _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

SEE STATEMENT 11**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☒ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting **N/A**
Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a **N/A**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b **N/A**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c **N/A**

d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d **N/A**

e Public support (line 26c minus line 26d total) ▶ 26e **N/A**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f **N/A** %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2000)	(1999)	(1998)	(1997)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2000)	(1999)	(1998)	(1997)
--------	--------	--------	--------

c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c **N/A**

d Add: Line 27a total _____ and line 27b total _____ ▶ 27d **N/A**

e Public support (line 27c total minus line 27d total) ▶ 27e **N/A**

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f **N/A**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g **N/A** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h **N/A** %

28 **Unusual Grants** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) SCHOOL CUSTOMARILY DRAWS ITS STUDENTS FROM LOCAL, NATIONAL, & INTERNATIONAL COMMUNITIES AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS		X
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	X	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		X
34 a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND EQUIPMENT	VARI	ESSL	10.00	16	239,121.			239,121.	239,121.		0.
2	MANUSCRIPTS	VARI		.000	16	52,500.			52,500.			0.
3	EQUIPMENT	VARI	ESSL	10.00	16	19,930.			19,930.	16,940.		1,993.
4	LEASEHOLD IMPROVEMENTS	0801	93SL	10.00	16	156,894.			156,894.	117,669.		15,689.
5	EQUIPMENT	0101	94SL	10.00	16	143,234.			143,234.	106,844.		14,323.
6	FURNITURE & EQUIPMENT	0101	95SL	10.00	16	35,137.			35,137.	22,842.		3,514.
7	FURNITURE & EQUIPMENT	0101	96SL	10.00	16	67,444.			67,444.	37,092.		6,744.
8	FURNITURE & EQUIPMENT	0101	97SL	10.00	16	113,917.			113,917.	51,264.		11,392.
9	LEASEHOLD IMPROVEMENTS	0101	97SL	10.00	16	17,130.			17,130.	7,709.		1,713.
10	FURNITURE & EQUIPMENT	0101	98SL	10.00	16	158,658.			158,658.	55,531.		15,866.
11	LEASEHOLD IMPROVEMENTS	0101	98SL	10.00	16	14,978.			14,978.	5,243.		1,498.
12	WEB SITE	0101	99SL	10.00	16	31,000.			31,000.	7,750.		3,100.
13	VIDEO PRODUCTION	0101	99SL	10.00	16	107,762.			107,762.	26,940.		10,776.
14	LIBRARY SYSTEM	0101	99SL	10.00	16	14,992.			14,992.	3,748.		1,499.
15	COPIERS	0101	99SL	10.00	16	24,200.			24,200.	6,050.		2,420.
16	SECURITY SYSTEM	0101	99SL	10.00	16	11,868.			11,868.	2,967.		1,187.
17	COMPUTER EQUIPMENT	0101	99SL	10.00	16	41,549.			41,549.	10,387.		4,155.
18	TELEPHONE SYSTEM	0101	99SL	10.00	16	29,827.			29,827.	7,457.		2,983.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	TELEPHONES	010199SL		10.00	16	1,383.			1,383.	345.		138.
20	FURNITURE	010199SL		10.00	16	39,371.			39,371.	9,843.		3,937.
21	WATER HEATER	010199SL		10.00	16	5,400.			5,400.	1,350.		540.
22	AUDIO VISUAL SYSTEM	010199SL		10.00	16	33,714.			33,714.	8,429.		3,371.
23	COMPUTER EQUIPMENT	010100SL		10.00	16	30,210.			30,210.	4,532.		3,021.
24	CAMERA & PROJECTOR	010100SL		10.00	16	7,283.			7,283.	1,092.		728.
25	VIDEO PRODUCTION	010100SL		10.00	16	41,283.			41,283.	6,192.		4,128.
26	FAX	010100SL		10.00	16	2,590.			2,590.	388.		259.
27	COPIER	010100SL		10.00	16	16,000.			16,000.	2,400.		1,600.
28	COMPUTER LAB FURNITURE & FIXTURES	010101SL		10.00	16	22,195.			22,195.	1,110.		2,220.
29	TELEPHONE SYSTEM EXPANSION	010101SL		10.00	16	11,396.			11,396.	570.		1,140.
30	COMPUTER EQUIPMENT	010101SL		10.00	16	17,314.			17,314.	866.		1,731.
31	COMPUTERS-LEASE BUYOUTS	010101SL		10.00	16	33,199.			33,199.	1,660.		3,320.
32	MICRO SERVER	010101SL		10.00	16	10,199.			10,199.	510.		1,020.
33	SOFTWARE	010101SL		10.00	16	23,302.			23,302.	1,165.		2,330.
34	TWO SERVERS	010101SL		10.00	16	15,851.			15,851.	792.		1,585.
35	BLACKBAUD SOFTWARE	010101SL		10.00	16	37,864.			37,864.	1,893.		3,786.
36	OTHER FURNITURE & FIXTURES	010101SL		10.00	16	9,626.			9,626.	481.		963.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	COMPUTER LAB BUILD OUT	010101SL		10.00	16	16,036.			16,036.	802.		1,604.
38	COPIER	010102SL		10.00	16	16,500.			16,500.			825.
39	COMPUTER EQUIPMENT	010102SL		10.00	16	28,893.			28,893.			1,446.
40	FURNITURE	010102SL		10.00	16	10,872.			10,872.			544.
41	CONFERENCE ROOM	010102SL		10.00	16	1,117.			1,117.			56.
42	COMPUTER EQUIPMENT	063002SL		10.00	16	23,426.			23,426.			0.
* TOTAL 990 PAGE 2 DEPR						1735165.		0.	1735165.	769,974.	0.	139,144.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS INVESTMENTS	5,934,426.	5,743,042.	0.	191,384.
TO FORM 990, PART I, LINE 8	5,934,426.	5,743,042.	0.	191,384.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GALA	687,031.		687,031.	304,625.	382,406.
TO FM 990, PART I, LINE 9	687,031.		687,031.	304,625.	382,406.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAINS	-138,186.
TOTAL TO FORM 990, PART I, LINE 20	-138,186.

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES	549,739.	462,594.	71,095.	16,050.
MISC.	155,074.	125,622.	25,054.	4,398.
INDIRECT COST ALLOCATION	0.	74,971.	-74,971.	
OFFICE SUPPLIES, TELEPHONE, POSTAGE	251,956.	162,468.	74,895.	14,593.
TOTAL TO FM 990, LN 43	956,769.	825,655.	96,073.	35,041.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

THE INSTITUTE PROVIDES TEACHING INSTRUCTION AND EDUCATION WITH RESPECT TO
EARLY CHILDHOOD DEVELOPMENT

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	MASTERS PROGRAM STUDENTS		NONE	298,984.
	RESEARCH CENTER STUDENTS		NONE	21,833.
	SPECIAL PROJECT STUDENTS		NONE	63,581.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				384,398.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT OBLIGATIONS	5,653,326.		5,653,326.
TOTAL TO FORM 990, LINE 54, COL B	5,653,326.		5,653,326.

FORM 990 OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	AMOUNT
MONEY MARKET FUNDS	MARKET VALUE	4,672,245.
STOCKS AND MUTUAL FUNDS	MARKET VALUE	5,083,837.
OTHER DEBT SECURITIES	MARKET VALUE	8,850,154.
ACCURED INTEREST & RECEIVABLE	MARKET VALUE	244,272.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		18,850,508.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	239,121.	239,121.	0.
MANUSCRIPTS	52,500.	0.	52,500.
EQUIPMENT	19,930.	18,933.	997.
LEASEHOLD IMPROVEMENTS	156,894.	133,358.	23,536.
EQUIPMENT	143,234.	121,167.	22,067.
FURNITURE & EQUIPMENT	35,137.	26,356.	8,781.
FURNITURE & EQUIPMENT	67,444.	43,836.	23,608.
FURNITURE & EQUIPMENT	113,917.	62,656.	51,261.
LEASEHOLD IMPROVEMENTS	17,130.	9,422.	7,708.
FURNITURE & EQUIPMENT	158,658.	71,397.	87,261.
LEASEHOLD IMPROVEMENTS	14,978.	6,741.	8,237.
WEB SITE	31,000.	10,850.	20,150.
VIDEO PRODUCTION	107,762.	37,716.	70,046.
LIBRARY SYSTEM	14,992.	5,247.	9,745.
COPIERS	24,200.	8,470.	15,730.
SECURITY SYSTEM	11,868.	4,154.	7,714.
COMPUTER EQUIPMENT	41,549.	14,542.	27,007.
TELEPHONE SYSTEM	29,827.	10,440.	19,387.
TELEPHONES	1,383.	483.	900.
FURNITURE	39,371.	13,780.	25,591.
WATER HEATER	5,400.	1,890.	3,510.
AUDIO VISUAL SYSTEM	33,714.	11,800.	21,914.
COMPUTER EQUIPMENT	30,210.	7,553.	22,657.
CAMERA & PROJECTOR	7,283.	1,820.	5,463.
VIDEO PRODUCTION	41,283.	10,320.	30,963.
FAX	2,590.	647.	1,943.
COPIER	16,000.	4,000.	12,000.
COMPUTER LAB FURNITURE & FIXTURES	22,195.	3,330.	18,865.
TELEPHONE SYSTEM EXPANSION	11,396.	1,710.	9,686.
COMPUTER EQUIPMENT	17,314.	2,597.	14,717.
COMPUTERS-LEASE BUYOUTS	33,199.	4,980.	28,219.
MICRO SERVER	10,199.	1,530.	8,669.
SOFTWARE	23,302.	3,495.	19,807.
TWO SERVERS	15,851.	2,377.	13,474.
BLACKBAUD SOFTWARE	37,864.	5,679.	32,185.
OTHER FURNITURE & FIXTURES	9,626.	1,444.	8,182.
COMPUTER LAB BUILD OUT	16,036.	2,406.	13,630.
COPIER	16,500.	825.	15,675.
COMPUTER EQUIPMENT	28,893.	1,446.	27,447.
FURNITURE	10,872.	544.	10,328.
CONFERENCE ROOM	1,117.	56.	1,061.
COMPUTER EQUIPMENT	23,426.	0.	23,426.
TOTAL TO FORM 990, PART IV, LN 57	1,735,165.	909,118.	826,047.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	11
	PART III, LINE 3		

SCHOLARSHIPS ARE BASED ON FINANCIAL NEED & PERFORMANCE OF STUDENTS. IN SOME INSTANCES, STUDENTS MAY RECEIVE AID IF THEY FIT THE DEMOGRAPHIC NEEDS OF THE POPULATION THE INSTITUTE IS TRYING TO SERVE.

Depreciation and Amortization
(Including Information on Listed Property) 990

OMB No. 1545-0172

2001

Attachment
Sequence No. 67

▶ See separate instructions

▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE ERIKSON INSTITUTE

FORM 990 PAGE 2

36-2593545

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter 0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	139,144.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10 year property						
e 15 year property						
f 20-year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr	22	139,144.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L		
		%				S/L		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2001 tax year

43 Amortization of costs that began before your 2001 tax year**43****44** Total. Add amounts in column (f). See instructions for where to report**44**

June 13, 2002

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Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE ERIKSON INSTITUTE	Employer identification number 36-2593545
	Number, street, and room or suite no. If a P O box, see instructions 420 NORTH WABASH AVENUE, NO. 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO, IL 60611	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until **FEBRUARY 18, 2003**
to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2001**, and ending **JUN 30, 2002**

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period


3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► **CPA-AGENT** Date ► **11.12.02**
LHA For Paperwork Reduction Act Notice, see instruction INTERNAL REVENUE SERVICE Form 8868 (12-2000)

RECEIVED

NOV 12 2002

MORTON GROVE, IL

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE ERIKSON INSTITUTE	Employer identification number 36-2593545
	Number, street, and room or suite no. If a P O box, see instructions 420 NORTH WABASH AVENUE, NO. 600	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO, IL 60611	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
 ☐ Form 990-PF
 ☐ Form 990-T (trust other than above)
 ☐ Form 4720
 ☐ Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until MAY 15, 2003
 5 For calendar year _____, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension
THE AUDIT OF THE FINANCIAL RECORDS HAS NOT BEEN COMPLETED. OUR CLIENT WISHES TO COMPLETE THE AUDIT SO THAT A PROPER RETURN CAN BE FILED. ADDITIONAL TIME IS NEEDED TO COMPLETE THE AUDIT AND FILE A PROPER RETURN

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Carl P. Jones* Title CPA-AGENT Date 2-14-03

Notice to Applicant - To Be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
☐ We cannot consider this application because it was not properly completed.
☐ Other _____

INTERNAL REVENUE SERVICE
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EXTENSION APPROVED
FEB 27 2003
LINDA WEISKOPF, FIELD DIRECTOR
SOUTH REGION PROCESSING, OGDEN

Director _____ Date _____

Alternate Mailing Address - Enter the address if you want the extension application for an additional 3-month extension returned to an address different than the one entered above

Type or print. 123832 07-16-01	Name RUZICKA & ASSOCIATES, LTD.
	Number and street (include suite, room, or apt. no.) Or a P O box number 770 FRONTAGE ROAD, SUITE 108
	City or town, province or state, and country (including postal or ZIP code) NORTHFIELD, IL 60093