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)

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

OMB No 1545-0047 — **2002** — Open to Public Inspection

A For the 2002 calendar year, or tax year period beginning JUL 1, 2002 and ending JUN 30, 2003

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 — Room/suite: 600

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 [X] 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 [X] 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 [X] No

G Web site: ▶WWW.ERIKSON.EDU

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

I Enter 4-digit GEN ▶

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.**

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 43,693,362.

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	3,609,925.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	1,318,094.		
	d	**Total** (add lines 1a through 1c) (cash $ 4,928,019. noncash $)			1d	4,928,019.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,879,569.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	991,614.
	6 a	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	

		(A) Securities		(B) Other
8 a	Gross amount from sale of assets other than inventory	34,842,855.	8a	
b	Less: cost or other basis and sales expenses	34,522,306.	8b	
c	Gain or (loss) (attach schedule)	320,549.	8c	

Revenue	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2			8d	320,549.
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ 0. of contributions reported on line 1a)	9a	879,882.		
	b	Less: direct expenses other than fundraising expenses	9b	308,215.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 3			9c	571,667.
	10 a	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)			10c	
	11	Other revenue (from Part VII, line 103)			11	171,423.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	8,862,841.
Expenses	13	Program services (from line 44, column (B))			13	6,587,451.
	14	Management and general (from line 44, column (C))			14	1,447,836.
	15	Fundraising (from line 44, column (D))			15	287,339.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	8,322,626.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	540,215.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	32,780,577.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4			20	340,745.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	33,661,537.

223001 01-22-03 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2002)

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 $1521735. noncash $	22	1,521,735.	1,521,735.	STATEMENT 6	
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	3,913,339.	2,874,980.	849,821.	188,538.
27 Pension plan contributions	27	235,191.	172,786.	51,074.	11,331.
28 Other employee benefits	28	193,045.	141,822.	41,922.	9,301.
29 Payroll taxes	29	292,893.	215,178.	63,604.	14,111.
30 Professional fundraising fees	30				
31 Accounting fees	31	40,714.	275.	40,439.	
32 Legal fees	32	59,202.		59,202.	
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	568,286.	442,249.	103,220.	22,817.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	214,896.	253,821.	-45,594.	6,669.
39 Travel	39	61,167.	54,129.	6,984.	54.
40 Conferences, conventions, and meetings	40	103,693.	62,411.	36,543.	4,739.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	158,103.	121,423.	30,040.	6,640.
43 Other expenses not covered above (itemize):					
a CONTRACTED SERVICES	43a	594,858.	466,898.	120,255.	7,705.
b MISCELLANEOUS	43b	155,273.	124,417.	23,189.	7,667.
c OFFICE SUPPLIES,	43c				
d TELEPHONE, POSTAGE	43d	210,231.	135,327.	67,137.	7,767.
e	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	8,322,626.	6,587,451.	1,447,836.	287,339.

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 [X] 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 Accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5

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 $ 1,521,735.)	6,587,451.
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) ▶	6,587,451.

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			232,564.	45	459,834.
	46 Savings and temporary cash investments				46	
	47 a Accounts receivable	47a	215,734.			
	b Less: allowance for doubtful accounts	47b		237,068.	47c	215,734.
	48 a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable			7,177,581.	49	7,215,518.
	50 Receivables from officers, directors, trustees, and key employees				50	
	51 a Other notes and loans receivable	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			55,822.	53	212,962.
	54 Investments - securities STMT 7 ▶ ☐ Cost ☒ FMV			5,653,326.	54	4,652,361.
	55 a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation	55b			55c	
	56 Investments - other SEE STATEMENT 8			18,850,508.	56	20,233,486.
	57 a Land, buildings, and equipment: basis	57a	2,084,425.			
	b Less: accumulated depreciation STMT 9	57b	1,067,221.	826,047.	57c	1,017,204.
	58 Other assets (describe ▶)				58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			33,032,916.	59	34,007,099.
Liabilities	60 Accounts payable and accrued expenses			163,498.	60	336,374.
	61 Grants payable				61	
	62 Deferred revenue			82,498.	62	8,700.
	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)			6,343.	65	488.
	66 **Total liabilities** (add lines 60 through 65)			252,339.	66	345,562.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			7,855,333.	67	8,546,147.
	68 Temporarily restricted			18,282,767.	68	17,847,436.
	69 Permanently restricted			6,642,477.	69	7,267,954.
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			32,780,577.	73	33,661,537.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			33,032,916.	74	34,007,099.

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.

223021
01-22-03

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

a	Total revenue, gains, and other support per audited financial statements	a	9,153,134.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $ 290,293.		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4)	b	290,293.
c	Line a minus line b	c	8,862,841.
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	8,862,841.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	8,322,626.
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	8,322,626.
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	8,322,626.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED LIST OF BOARD OF		0.	0.	0.
DIRECTORS-ALL OF WHOM SERVE ON A		0.	0.	0.
VOLUNTEER BASIS AND SCHEDULE A PART I		0.	0.	0.

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

Part VI Other Information

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt **or** ☐ nonexempt.				
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a 0.			
b	Did the organization file **Form 1120-POL** for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	85b		
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			

90 a List the states with which a copy of this return is filed ▶ ILLINOIS

b Number of employees employed in the pay period that includes March 12, 2002 | 90b | 99

91 The books are in care of ▶ DIANNE DINKEL Telephone no. ▶ 312-755-2250

Located at ▶ 420 N. WABASH AVENUE, CHICAGO, IL ZIP + 4 ▶ 60611

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a STUDENT TUITION					1,879,569.
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	991,614.	
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	320,549.	
101 Net income or (loss) from special events			01	571,667.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	171,423.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,055,253.	1,879,569.
105 Total (add line 104, columns (B), (D), and (E)) ▶					3,934,822.

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 page 32 of the instructions.)

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 page 32 of the instructions.)

(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 page 33 of the instructions.)

(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).*

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, [redacted] information of which preparer has any knowledge

[redacted] 5/13/04 ▶ Samuel J. Meisels, President

[redacted] te ▶ Type or print name and title

[redacted] Date 5-13-04 | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN

[redacted]

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

2002

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
SAM MEISELS 420 N. WABASH, CHICAGO, IL	PRESIDENT 40+	176,000.	14,080.	
JONATHAN FRANK 420 N. WABASH, CHICAGO, IL	DR. DIST. LNG 40+	136,269.	10,902.	
LUCINDA KATZ 420 N. WABASH, CHICAGO, IL	ADM. 40+	132,000.	9,000.	
BARBARA BOWMAN 420 N. WABASH, CHICAGO, IL	EX PRESIDENT 40+	125,377.	9,560.	
FRANCIS STOTT KAMPWIRTH 420 N. WABASH, CHICAGO, IL	DEAN 40+	108,254.	8,660.	
Total number of other employees paid over $50,000 ▶	25			

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
NONE		
Total number of others receiving over $50,000 for professional services ▶ 0		

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 i 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 10

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(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 1998 through 2001 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the sum 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:

(2001) (2000) (1999) (1998)

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:

(2001) (2000) (1999) (1998)

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 1998 through 2001, 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?	29	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?	30	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?	31		X
	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			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		X
c	Employment of faculty or administrative staff?	33c		X
d	Scholarships or other financial assistance?	33d		X
e	Educational policies?	33e		X
f	Use of facilities?	33f		X
g	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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	35	X	

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** *(See page 12 of the instructions.)*

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND EQUIPMENT	VARIES	SL	10.00	16	239,121.			239,121.	239,121.		0.
2	MANUSCRIPTS	VARIES		.000	16	52,500.			52,500.			0.
3	EQUIPMENT	VARIES	SL	10.00	16	19,930.			19,930.	18,933.		997.
4	LEASEHOLD IMPROVEMENTS	080193	SL	10.00	16	156,894.			156,894.	133,358.		15,689.
5	EQUIPMENT	010194	SL	10.00	16	143,234.			143,234.	121,167.		14,323.
6	FURNITURE & EQUIPMENT	010195	SL	10.00	16	35,137.			35,137.	26,356.		3,514.
7	FURNITURE & EQUIPMENT	010196	SL	10.00	16	67,444.			67,444.	43,836.		6,744.
8	FURNITURE & EQUIPMENT	010197	SL	10.00	16	113,917.			113,917.	62,656.		11,392.
9	LEASEHOLD IMPROVEMENTS	010197	SL	10.00	16	17,130.			17,130.	9,422.		1,713.
10	FURNITURE & EQUIPMENT	010198	SL	10.00	16	158,658.			158,658.	71,397.		15,866.
11	LEASEHOLD IMPROVEMENTS	010198	SL	10.00	16	14,978.			14,978.	6,741.		1,498.
12	WEB SITE	010199	SL	10.00	16	31,000.			31,000.	10,850.		3,100.
13	VIDEO PRODUCTION	010199	SL	10.00	16	107,762.			107,762.	37,716.		10,776.
14	LIBRARY SYSTEM	010199	SL	10.00	16	14,992.			14,992.	5,247.		1,499.
15	COPIERS	010199	SL	10.00	16	24,200.			24,200.	8,470.		2,420.
16	SECURITY SYSTEM	010199	SL	10.00	16	11,868.			11,868.	4,154.		1,187.
17	COMPUTER EQUIPMENT	010199	SL	10.00	16	41,549.			41,549.	14,542.		4,155.
18	TELEPHONE SYSTEM	010199	SL	10.00	16	29,827.			29,827.	10,440.		2,983.

228102
10-24-02

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	TELEPHONES	010199	SL	10.00	16	1,383.			1,383.	483.		138.
20	FURNITURE	010199	SL	10.00	16	39,371.			39,371.	13,780.		3,937.
21	WATER HEATER	010199	SL	10.00	16	5,400.			5,400.	1,890.		540.
22	AUDIO VISUAL SYSTEM	010199	SL	10.00	16	33,714.			33,714.	11,800.		3,371.
23	COMPUTER EQUIPMENT	010100	SL	10.00	16	30,210.			30,210.	7,553.		3,021.
24	CAMERA & PROJECTOR	010100	SL	10.00	16	7,283.			7,283.	1,820.		728.
25	VIDEO PRODUCTION	010100	SL	10.00	16	41,283.			41,283.	10,320.		4,128.
26	FAX	010100	SL	10.00	16	2,590.			2,590.	647.		259.
27	COPIER	010100	SL	10.00	16	16,000.			16,000.	4,000.		1,600.
28	COMPUTER LAB FURNITURE & FIXTURES	010101	SL	10.00	16	22,195.			22,195.	3,330.		2,220.
29	TELEPHONE SYSTEM EXPANSION	010101	SL	10.00	16	11,396.			11,396.	1,710.		1,140.
30	COMPUTER EQUIPMENT	010101	SL	10.00	16	17,314.			17,314.	2,597.		1,731.
31	COMPUTERS-LEASE BUYOUTS	010101	SL	10.00	16	33,199.			33,199.	4,980.		3,320.
32	MICRO SERVER	010101	SL	10.00	16	10,199.			10,199.	1,530.		1,020.
33	SOFTWARE	010101	SL	10.00	16	23,302.			23,302.	3,495.		2,330.
34	TWO SERVERS	010101	SL	10.00	16	15,851.			15,851.	2,377.		1,585.
35	BLACKBAUD SOFTWARE	010101	SL	10.00	16	37,864.			37,864.	5,679.		3,786.
36	OTHER FURNITURE & FIXTURES	010101	SL	10.00	16	9,626.			9,626.	1,444.		963.

228102
10-24-02

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	COMPUTER LAB BUILD OUT	010101	SL	10.00	16	16,036.			16,036.	2,406.		1,604.
38	COPIER	010102	SL	10.00	16	16,500.			16,500.	825.		1,650.
39	COMPUTER EQUIPMENT	010102	SL	10.00	16	28,893.			28,893.	1,446.		2,889.
40	FURNITURE	010102	SL	10.00	16	10,872.			10,872.	544.		1,087.
41	CONFERENCE ROOM	010102	SL	10.00	16	1,117.			1,117.	56.		112.
42	COMPUTER EQUIPMENT	063002	SL	10.00	16	23,426.			23,426.			2,343.
43	WEBSITE	010103	SL	10.00	16	208,659.			208,659.			10,433.
44	FURNITURE & EQUIPMENT	010103	SL	10.00	16	86,241.			86,241.			4,312.
45	LEASEHOLD IMPROVEMENTS	063003	SL	10.00	16	54,360.			54,360.			0.
	* TOTAL 990 PAGE 2 DEPR					2084425.		0.	2084425.	909,118.	0.	158,103.

228102
10-24-02

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

FOOTNOTES STATEMENT 1

SCHEDULE A, PARTV, LINE 34A

THE INSTITUTE RECEIVES FUNDING FROM THE U.S. DEPT. OF EDUCATION AND VARIOUS STATE AND/OR LOCAL AGENCIES.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS INVESTMENTS	34,842,855.	34,522,306.	0.	320,549.
TO FORM 990, PART I, LINE 8	34,842,855.	34,522,306.	0.	320,549.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GALA	879,882.		879,882.	308,215.	571,667.
TO FM 990, PART I, LINE 9	879,882.		879,882.	308,215.	571,667.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAINS	290,293.
RESTATEMENT FOR CAPITALIZATION OF WEBSITE	50,452.
TOTAL TO FORM 990, PART I, LINE 20	340,745.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

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

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	MASTERS PROGRAM STUDENTS		NONE	531,524.
	RESEARCH CENTER STUDENTS		NONE	26,014.
	SPECIAL PROJECT STUDENTS		NONE	226,104.
	SPECIAL PROJECTS		NONE	738,093.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1521735.

FORM 990 GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT OBLIGATIONS	4,652,361.		4,652,361.
TOTAL TO FORM 990, LINE 54, COL B	4,652,361.		4,652,361.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
MONEY MARKET FUNDS	MARKET VALUE	5,261,654.
STOCKS AND MUTUAL FUNDS	MARKET VALUE	7,050,530.
OTHER DEBT SECURITIES	MARKET VALUE	7,709,823.
ACCURED INTEREST & RECEIVABLE	MARKET VALUE	211,479.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		20,233,486.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

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.	19,930.	0.
LEASEHOLD IMPROVEMENTS	156,894.	149,047.	7,847.
EQUIPMENT	143,234.	135,490.	7,744.
FURNITURE & EQUIPMENT	35,137.	29,870.	5,267.
FURNITURE & EQUIPMENT	67,444.	50,580.	16,864.
FURNITURE & EQUIPMENT	113,917.	74,048.	39,869.
LEASEHOLD IMPROVEMENTS	17,130.	11,135.	5,995.
FURNITURE & EQUIPMENT	158,658.	87,263.	71,395.
LEASEHOLD IMPROVEMENTS	14,978.	8,239.	6,739.
WEB SITE	31,000.	13,950.	17,050.
VIDEO PRODUCTION	107,762.	48,492.	59,270.
LIBRARY SYSTEM	14,992.	6,746.	8,246.
COPIERS	24,200.	10,890.	13,310.
SECURITY SYSTEM	11,868.	5,341.	6,527.
COMPUTER EQUIPMENT	41,549.	18,697.	22,852.
TELEPHONE SYSTEM	29,827.	13,423.	16,404.
TELEPHONES	1,383.	621.	762.
FURNITURE	39,371.	17,717.	21,654.
WATER HEATER	5,400.	2,430.	2,970.
AUDIO VISUAL SYSTEM	33,714.	15,171.	18,543.
COMPUTER EQUIPMENT	30,210.	10,574.	19,636.
CAMERA & PROJECTOR	7,283.	2,548.	4,735.
VIDEO PRODUCTION	41,283.	14,448.	26,835.
FAX	2,590.	906.	1,684.
COPIER	16,000.	5,600.	10,400.
COMPUTER LAB FURNITURE & FIXTURES	22,195.	5,550.	16,645.
TELEPHONE SYSTEM EXPANSION	11,396.	2,850.	8,546.
COMPUTER EQUIPMENT	17,314.	4,328.	12,986.
COMPUTERS-LEASE BUYOUTS	33,199.	8,300.	24,899.
MICRO SERVER	10,199.	2,550.	7,649.
SOFTWARE	23,302.	5,825.	17,477.
TWO SERVERS	15,851.	3,962.	11,889.
BLACKBAUD SOFTWARE	37,864.	9,465.	28,399.
OTHER FURNITURE & FIXTURES	9,626.	2,407.	7,219.
COMPUTER LAB BUILD OUT	16,036.	4,010.	12,026.
COPIER	16,500.	2,475.	14,025.
COMPUTER EQUIPMENT	28,893.	4,335.	24,558.
FURNITURE	10,872.	1,631.	9,241.
CONFERENCE ROOM	1,117.	168.	949.
COMPUTER EQUIPMENT	23,426.	2,343.	21,083.
WEBSITE	208,659.	10,433.	198,226.
FURNITURE & EQUIPMENT	86,241.	4,312.	81,929.
LEASEHOLD IMPROVEMENTS	54,360.	0.	54,360.
TOTAL TO FORM 990, PART IV, LN 57	2,084,425.	1,067,221.	1,017,204.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10
PART III, LINE 3

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

Form **4562** Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172 **2002** Attachment Sequence No **67**

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 2001 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 2003. 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 qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	158,103.

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 2002	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 ▶ ☐		

Section B - Assets Placed in Service During 2002 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 2002 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
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	158,103.
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	

216251 10-25-02 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2002)

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
25 Special depreciation allowance for qualified listed property placed in service during the tax year 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												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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
42 Amortization of costs that begins during your 2002 tax year:					
43 Amortization of costs that began before your 2002 tax year				43	
44 **Total.** Add amounts in column (f). See instructions for where to report				44	

June 13, 2002

ERIKSON INSTITUTE BOARD OF TRUSTEES
2001 - 2002

Form **8868** (December 2000)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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	Name of Exempt Organization	Employer identification number
	THE ERIKSON INSTITUTE	36-2593545
File by the due date for filing your return See instructions	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):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] 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 17, 2004.
to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2002, and ending JUN 30, 2003.

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

RECEIVED
Internal Revenue Service
NOV 17 2003
MORTON GROVE, ILLINOIS

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 ▶ [signature] Title ▶ CPA-AGENT Date ▶ 11-15-03

LHA **For Paperwork Reduction Act Notice, see instruction** Form **8868** (12-2000)

223831
05-01-02

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

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):

[X] 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 17, 2004 .

5 For calendar year ______ , or other tax year beginning JUL 1, 2002 and ending JUN 30, 2003 .

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
SEE STATEMENT 6

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 ▶ [signature] Title ▶ CPA-AGENT Date ▶ 2/15/04

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 filed after the due date of the return for which an extension was requested.

[ ] Other

EXTENSION APPROVED
MAR 16 2004

Director By: LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN Date

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

Type or print	
	Name RUZICKA & ASSOCIATES, LTD.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 770 FRONTAGE ROAD, SUITE 108
223832 05-22-02	City or town, province or state, and country (including postal or ZIP code) NORTHFIELD, IL 60093

FORM 8688 EXPLANATION FOR EXTENSION STATEMENT 6

EXPLANATION

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