

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

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****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 ☒ 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 ▶ **N/A****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** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **42,303,129.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** **8,241,738.****b** Indirect public support**1b****c** Government contributions (grants)**1c** **2,900,726.****d** Total (add lines 1a through 1c) (cash \$ **11,006,718.** noncash \$ **135,746.**)**1d** **11,142,464.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **2,254,638.****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****5** Dividends and interest from securities**5****666,260.****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****8 a** Gross amount from sales of assets other than inventory**(A) Securities****26,311,447.****8a****(B) Other****b** Less cost or other basis and sales expenses**25,680,762.****8b****c** Gain or (loss) (attach schedule)**630,685.****8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B)) **STMT 1****8d****630,685.****9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **262,686.** of contributions reported on line 1a)**9a****972,453.****b** Less direct expenses other than fundraising expenses**9b****330,086.****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****642,367.****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****955,867.****11** Other revenue (from Part VII, line 103)**11****16,292,281.****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12****8,402,282.****13** Program services (from line 44, column (B))**13****2,373,886.****14** Management and general (from line 44, column (C))**14****411,469.****15** Fundraising (from line 44, column (D))**15****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17****11,187,637.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18****5,104,644.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****34,113,315.****20** Other changes in net assets or fund balances (attach explanation)**20****<127,491.>****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21****39,090,468.**523001
02-03-06

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

Form 990 (2005)

SCANNED JUL 25 2007

Revenue

Expenses

Net Assets

12 915-16

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 \$790,830. noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22 790,830.	790,830.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23 214,500.	214,500.	STATEMENT 6	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 856,127.	624,972.	196,910.	34,245.
26 Other salaries and wages	26 4,681,338.	3,383,325.	1,127,124.	170,889.
27 Pension plan contributions	27 304,792.	234,742.	59,673.	10,377.
28 Other employee benefits	28 418,178.	305,271.	96,181.	16,726.
29 Payroll taxes	29 336,714.	297,643.	20,047.	19,024.
30 Professional fundraising fees	30			
31 Accounting fees	31 29,660.		29,660.	
32 Legal fees	32 102,120.	30,761.	71,359.	
33 Supplies	33 56,401.	22,873.	32,212.	1,316.
34 Telephone	34 44,453.	6,283.	38,170.	
35 Postage and shipping	35 68,342.	43,090.	10,485.	14,767.
36 Occupancy	36 1,007,772.	796,974.	172,471.	38,327.
37 Equipment rental and maintenance	37 76,379.	12,044.	64,335.	
38 Printing and publications	38 181,723.	168,193.	<1,777.>	15,307.
39 Travel	39 133,797.	128,486.	4,439.	872.
40 Conferences, conventions, and meetings	40 91,200.	58,789.	21,203.	11,208.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 301,937.	211,356.	75,484.	15,097.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 1,491,374.	1,072,150.	355,910.	63,314.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 11,187,637.	8,402,282.	2,373,886.	411,469.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 7**

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 \$) If this amount includes foreign grants, check here ► ☐ **8,402,282.**

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► **8,402,282.**

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Part IV Balance Sheets (See the instructions.)

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	892,459.	45	144,646.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	180,736.		
	b Less: allowance for doubtful accounts		47c	180,736.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	5,265,057.	49	8,253,334.
	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	156,830.	53	187,141.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,786,171.	54	4,610,002.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other SEE STATEMENT 9	24,357,413.	56	25,422,424.	
57 a Land, buildings, and equipment: basis	2,403,522.			
b Less: accumulated depreciation STMT 10	1,694,232.	57c	709,290.	
58 Other assets (describe ► DEPOSITS)		58	93,709.	
59 Total assets (must equal line 74) Add lines 45 through 58	34,603,708.	59	39,601,282.	
Liabilities	60 Accounts payable and accrued expenses	404,173.	60	432,411.
	61 Grants payable		61	
	62 Deferred revenue	886.	62	115.
	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)	85,334.	65	78,288.
66 Total liabilities. Add lines 60 through 65	490,393.	66	510,814.	
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	10,006,183.	67	9,972,032.
	68 Temporarily restricted	16,266,694.	68	19,277,998.
	69 Permanently restricted	7,840,438.	69	9,840,438.
	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)	34,113,315.	73	39,090,468.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	34,603,708.	74	39,601,282.

Form 990 (2005)

Part VI Other Information (continued)

		Yes	No
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?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	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.		
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?	85g	N/A
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?	85h	N/A
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 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> .		
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 <u>IL</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	150
91 a	The books are in care of <u>JANICE PROMER</u> Telephone no <u>(312) 755-2250</u> Located at <u>420 N. WABASH AVENUE, CHICAGO, IL</u> ZIP + 4 <u>60611</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	N/A

Form 990 (2005)

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

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 & FEES					2,254,638.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03		
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	666,260.	
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					630,685.
101 Net income or (loss) from special events					642,367.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a CONSULTING FEE					879,839.
b MISCELLANEOUS					76,028.
c OTHER - REIMBURSEMENT			01		
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		666,260.	4,483,557.
105 Total (add line 104, columns (B), (D), and (E))					5,149,817.

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 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)

93A FEES FROM EDUCATIONAL CLASSES OFFERED BY THE INSTITUTE
 103A FEES FROM CONSULTING AND TRAINING OFFERED BY THE INSTITUTE
 103B FEES FROM STORE AND OTHER CONCESSIONS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Bruce E Huey Date: 05/15/07 Type or print name and title: TREASURER BRUCE E HUEY

Paid Preparer's Use Only Preparer's signature: Man Junchu Date: 5/15/07 Check if self-employed: ☐ Preparer's SSN or PTIN:

Firm's name (or yours if self-employed), address, and ZIP + 4: WASHINGTON, PITTMAN AND MCKEEVER, LLC
819 SOUTH WABASH AVENUE - SUITE 600
CHICAGO, ILLINOIS 60605

EIN: Phone no.: (312) 786-0330

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 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

2005

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
LINDA GILKERSON 1449 EAST 56TH STREET, CHICAGO, IL	PROFESSOR 35.00	106,327.	19,668.	
ROBERT HALPERN 40 HOLABIRD LOOP, HIGHWOOD, IL 6004	PROFESSOR 35.00	106,327.	26,336.	
GILLIAN MC NAMEE 1534 EAST 59TH STREET, CHICAGO, IL	PROFESSOR 35.00	105,895.	20,205.	
BARBARA T. BOWMAN 4929 S. GREENWOOD, CHICAGO, IL 6061	PROFESSOR 35.00	119,766.	36,158.	
JONATHAN FRANK 1025 W. WOLFRAM STREET, CHICAGO, IL	CIO 35.00	146,976.	23,622.	
Total number of other employees paid over \$50,000	0			

Part II-A 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
JANA FLEMING 711 S. DEARBORN ST., #604, CHICAGO, IL 60605		0.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other 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) 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	1	X
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-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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	<input type="checkbox"/>	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input checked="" type="checkbox"/>	A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
7	<input type="checkbox"/>	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/>	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/>	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	<input type="checkbox"/>	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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization. ▶ <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14	<input type="checkbox"/>	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)
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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) 2004	(b) 2003	(c) 2002	(d) 2001	(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					
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test Enter line 24, column (e)					
d Add: Amounts from column (e) for lines 18 19 22 26b					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2004) (2003) (2002) (2001)					
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 11b, 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					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					
d Add Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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?		X
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
THE SCHOOL CUSTOMARILY DRAWS ITS STUDENTS FROM LOCAL, NATIONAL AND INTERNATIONAL COMMUNITIES AND FOLLOWS A RACIALLY NON-DISCRIMINATORY 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?	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?	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?		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?		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?	X	
b Has the organization's right to such aid ever been revoked or suspended?		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	X	

Schedule A (Form 990 or 990-EZ) 2005

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 groupCheck ☐ 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 -		
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	
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	

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)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
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

- 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.)

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

Yes	No	Amount
		0.

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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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
	BUILDINGS											
4	LEASEHOLD IMPROVEMENTS	080193SL		10.00	16	156,894.			156,894.	156,894.		0.
9	LEASEHOLD IMPROVEMENTS	010197SL		10.00	16	17,130.			17,130.	14,561.		1,713.
11	LEASEHOLD IMPROVEMENTS	010198SL		10.00	16	14,978.			14,978.	11,235.		1,498.
45	LEASEHOLD IMPROVEMENTS	063003SL		10.00	16	54,360.			54,360.	13,590.		5,436.
50	LEASEHOLD IMPROVEMENTS	010104SL		10.00	16	249,425.			249,425.	37,414.		24,943.
65	AUDIT ADJUSTMENT	063006SL		5.00	16				<79,769.>			79,769.
	* 990 PAGE 2 TOTAL					492,787.		0.	492,787.	153,925.	0.	113,359.
	BUILDINGS											
	FURNITURE & FIXTURES											
1	FURNITURE AND EQUIPMENT	VARIABLES		10.00	16	239,121.			239,121.	239,121.		0.
3	EQUIPMENT	VARIABLES		10.00	16	19,930.			19,930.	19,930.		0.
5	EQUIPMENT	010194SL		10.00	16	143,234.			143,234.	143,234.		0.
6	FURNITURE AND EQUIPMENT	010195SL		5.00	16	35,137.			35,137.	35,137.		0.
7	FURNITURE AND EQUIPMENT	010196SL		10.00	16	67,444.			67,444.	64,072.		3,372.
8	FURNITURE AND EQUIPMENT	010197SL		10.00	16	113,917.			113,917.	96,829.		11,392.
10	FURNITURE AND EQUIPMENT	010198SL		10.00	16	158,658.			158,658.	118,995.		15,866.
13	VIDEO PRODUCTION	010199SL		10.00	16	107,762.			107,762.	70,044.		10,776.
16	SECURITY SYSTEM	010199SL		5.00	16	11,868.			11,868.	11,867.		0.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT

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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
20	FURNITURE	010199SL	SL	10.00	16	39,371.			39,371.	25,590.		3,937.
21	WATER HEATER	010199SL	SL	10.00	16	5,400.			5,400.	3,510.		540.
22	AUDIO VISUAL SYSTEM	010199SL	SL	10.00	16	33,714.			33,714.	21,913.		3,371.
23	COMPUTER EQUIPMENT	010100SL	SL	5.00	16	30,210.			30,210.	30,210.		0.
24	CAMERA & PROJECTOR	010100SL	SL	10.00	16	7,283.			7,283.	4,005.		728.
25	VIDEO PRODUCTION COMPUTER LAB FURNITURE	010100SL	SL	10.00	16	41,283.			41,283.	22,705.		4,128.
28	FIXTURES	010101SL	SL	10.00	16	22,195.			22,195.	9,989.		2,220.
29	TELEPHONE SYSTEM EXPANSION	010101SL	SL	5.00	16	11,396.			11,396.	9,687.		1,709.
30	COMPUTER EQUIPMENT	010101SL	SL	5.00	16	17,314.			17,314.	14,717.		2,597.
32	MICRO SERVER	010101SL	SL	5.00	16	10,199.			10,199.	8,669.		1,530.
33	SOFTWARE	010101SL	SL	5.00	16	23,302.			23,302.	19,807.		3,495.
34	TWO SERVERS	010101SL	SL	5.00	16	15,851.			15,851.	13,473.		2,378.
35	BLACKBAUD SOFTWARE	010101SL	SL	5.00	16	37,864.			37,864.	32,184.		5,680.
36	OTHER FURNITURE & FIXTURES	010101SL	SL	10.00	16	9,626.			9,626.	4,333.		963.
37	COMPUTER LAB BUILD OUT	010101SL	SL	10.00	16	16,036.			16,036.	7,218.		1,604.
38	COPIER	010102SL	SL	5.00	16	16,500.			16,500.	10,489.		4,007.
39	COMPUTER EQUIPMENT	010102SL	SL	5.00	16	28,893.			28,893.	18,368.		7,017.
40	FURNITURE	010102SL	SL	10.00	16	10,872.			10,872.	3,804.		1,087.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT

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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
41	CONFERENCE ROOM	010102SL		10.00	16	1,117.			1,117.	392.		112.
42	COMPUTER EQUIPMENT	063002SL		5.00	16	23,426.			23,426.	14,390.		6,024.
43	WEBSITE	010103SL		5.00	16	208,659.			208,659.	98,533.		44,050.
44	FURNITURE AND EQUIPMENT	010103SL		10.00	16	86,241.			86,241.	21,550.		8,624.
46	PHONE SYSTEM	010104SL		5.00	16	5,204.			5,204.	1,561.		1,041.
47	AV EQUIPMENT	010104SL		5.00	16	13,947.			13,947.	4,184.		2,789.
48	FURNITURE AND FIXTURES	010104SL		10.00	16	81,239.			81,239.	12,186.		8,124.
49	COMPUTER EQUIPMENT	010104SL		5.00	16	51,370.			51,370.	15,411.		10,274.
51	SECURITY SYSTEM	010104SL		5.00	16	9,600.			9,600.	2,880.		1,920.
52	WEBSITE	010199SL		5.00	16	31,000.			31,000.	31,000.		0.
53	LIBRARY SYSTEM	010199SL		5.00	16	14,992.			14,992.	14,992.		0.
54	COPIER	010199SL		5.00	16	24,200.			24,200.	24,200.		0.
55	COMPUTER EQUIPMENT	010199SL		5.00	16	41,549.			41,549.	41,549.		0.
56	TELEPHONE SYSTEM	010199SL		5.00	16	29,827.			29,827.	29,827.		0.
57	TELEPHONES	010199SL		5.00	16	1,383.			1,383.	1,383.		0.
58	FAX	010100SL		5.00	16	2,590.			2,590.	2,590.		0.
59	COPIERS	010100SL		5.00	16	16,000.			16,000.	16,000.		0.
60	COMPUTER LEASE BUYOUTS	010101SL		5.00	16	33,199.			33,199.	33,199.		0.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT

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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
62	FURNITURE	010105SL		10.00	16	9,125.			9,125.	456.		913.
63	EQUIPMENT	010105SL		5.00	16	69,174.			69,174.	6,917.		13,835.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					2028222.		0.	2028222.	1433110.	0.	186,103.
	MACHINERY & EQUIPMENT											
64	EQUIPMENT	010106SL		5.00	16	24,753.			24,753.			2,475.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					24,753.		0.	24,753.	0.	0.	2,475.
	OTHER											
2	MANUSCRIPTS	VARIES		.000	16	52,500.			52,500.			0.
61	WRITE-OFFS	010101SL		3.00	16	<194,740.>			<194,740.>	194,740.		0.
	* 990 PAGE 2 TOTAL OTHER					<142,240.>		0.	<142,240.>	194,740.	0.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR					2403522.		0.	2403522.	1392295.	0.	301,937.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	26,311,447.	25,680,762.	0.	630,685.
TO FORM 990, PART I, LINE 8	26,311,447.	25,680,762.	0.	630,685.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL GALA	1,235,139.	262,686.	972,453.	330,086.	642,367.
TO FM 990, PART I, LINE 9	1,235,139.	262,686.	972,453.	330,086.	642,367.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS/(LOSS) ON INVESTMENTS	<127,491.>
TOTAL TO FORM 990, PART I, LINE 20	<127,491.>

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES	1,217,828.	849,762.	315,934.	52,132.
LICENSES, DUES & FEES	45,107.	31,028.	14,079.	
MISCELLANEOUS	46,645.	33,236.	4,732.	8,677.
ADVERTISING	53,022.	51,701.	1,321.	
BOOKS, LIBRARY MATERIALS & OTHER PUBLICATIONS	111,549.	106,423.	2,621.	2,505.
BANK SERVICE CHARGES	17,223.		17,223.	
TOTAL TO FM 990, LN 43	1,491,374.	1,072,150.	355,910.	63,314.

FORM 990		CASH GRANTS AND ALLOCATIONS		STATEMENT	5
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
DOCTORAL & MASTERS PROGRAM	VARIOUS	VARIOUS	NONE	790,830.	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				790,830.	

FORM 990		SPECIFIC ASSISTANCE TO INDIVIDUALS		STATEMENT	6
DESCRIPTION				AMOUNT	
STIPEND (MASTER'S PROGRAM)				214,500.	
TOTAL TO FORM 990, PART II, LINE 23				214,500.	

FORM 990		STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III		STATEMENT	7
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EXPLANATION

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

FORM 990		GOVERNMENT SECURITIES		STATEMENT	8
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
US GOVERNMENT OBLIGATIONS	FMV	4,610,002.		4,610,002.	
TOTAL TO FORM 990, LINE 54, COL B		4,610,002.		4,610,002.	

FORM 990	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	AMOUNT	
MONEY MARKET FUNDS	MARKET VALUE	2,761,662.	
STOCKS AND MUTUAL FUNDS	MARKET VALUE	17,293,016.	
OTHER DEBT SECURITIES	MARKET VALUE	5,136,727.	
ACCURED INTEREST & RECEIVABLE	MARKET VALUE	231,019.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		25,422,424.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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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.	156,894.	0.
EQUIPMENT	143,234.	143,234.	0.
FURNITURE AND EQUIPMENT	35,137.	35,137.	0.
FURNITURE AND EQUIPMENT	67,444.	67,444.	0.
FURNITURE AND EQUIPMENT	113,917.	108,221.	5,696.
LEASEHOLD IMPROVEMENTS	17,130.	16,274.	856.
FURNITURE AND EQUIPMENT	158,658.	134,861.	23,797.
LEASEHOLD IMPROVEMENTS	14,978.	12,733.	2,245.
VIDEO PRODUCTION	107,762.	80,820.	26,942.
SECURITY SYSTEM	11,868.	11,867.	1.
FURNITURE	39,371.	29,527.	9,844.
WATER HEATER	5,400.	4,050.	1,350.
AUDIO VISUAL SYSTEM	33,714.	25,284.	8,430.
COMPUTER EQUIPMENT	30,210.	30,210.	0.
CAMERA & PROJECTOR	7,283.	4,733.	2,550.
VIDEO PRODUCTION	41,283.	26,833.	14,450.
COMPUTER LAB FURNITURE & FIXTURES	22,195.	12,209.	9,986.
TELEPHONE SYSTEM EXPANSION	11,396.	11,396.	0.
COMPUTER EQUIPMENT	17,314.	17,314.	0.
MICRO SERVER	10,199.	10,199.	0.
SOFTWARE	23,302.	23,302.	0.
TWO SERVERS	15,851.	15,851.	0.
BLACKBAUD SOFTWARE	37,864.	37,864.	0.
OTHER FURNITURE & FIXTURES	9,626.	5,296.	4,330.
COMPUTER LAB BUILD OUT	16,036.	8,822.	7,214.
COPIER	16,500.	14,496.	2,004.
COMPUTER EQUIPMENT	28,893.	25,385.	3,508.

FURNITURE	10,872.	4,891.	5,981.
CONFERENCE ROOM	1,117.	504.	613.
COMPUTER EQUIPMENT	23,426.	20,414.	3,012.
WEBSITE	208,659.	142,583.	66,076.
FURNITURE AND EQUIPMENT	86,241.	30,184.	56,057.
LEASEHOLD IMPROVEMENTS	54,360.	19,026.	35,334.
PHONE SYSTEM	5,204.	2,602.	2,602.
AV EQUIPMENT	13,947.	6,973.	6,974.
FURNITURE AND FIXTURES	81,239.	20,310.	60,929.
COMPUTER EQUIPMENT	51,370.	25,685.	25,685.
LEASEHOLD IMPROVEMENTS	249,425.	62,357.	187,068.
SECURITY SYSTEM	9,600.	4,800.	4,800.
WEBSITE	31,000.	31,000.	0.
LIBRARY SYSTEM	14,992.	14,992.	0.
COPIER	24,200.	24,200.	0.
COMPUTER EQUIPMENT	41,549.	41,549.	0.
TELEPHONE SYSTEM	29,827.	29,827.	0.
TELEPHONES	1,383.	1,383.	0.
FAX	2,590.	2,590.	0.
COPIERS	16,000.	16,000.	0.
COMPUTER LEASE BUYOUTS	33,199.	33,199.	0.
WRITE-OFFS	<194,740.>	<194,740.>	0.
FURNITURE	9,125.	1,369.	7,756.
EQUIPMENT	69,174.	20,752.	48,422.
EQUIPMENT	24,753.	2,475.	22,278.
AUDIT ADJUSTMENT	0.	0.	0.
TOTAL TO FORM 990, PART IV, LN 57	2,403,522.	1,694,232.	709,290.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CATHERINE M. ADDUCI 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
VIRGINIA BOBINS 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
KATHY L. BROCK 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
GERY J. CHICO 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
MICHELLE L. COLLINS 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
KATHERINE K. COMBS 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
BERNARDINE DOHRN 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
ALBERT M. FRIEDMAN 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
LEE E. HARKLEROAD III 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.

TOBY HERR 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
JOHN L. HINES, JR. 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
BRUCE E. HUEY 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
LEWIS S. INGALL 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
RICHARD P. KIPHART 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
IRA KORMAN 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
SHIRLEY R. MADIGAN 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
JOHN W. MCNULTY 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
HARRIET MEYER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
KATE NEISSER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.

SCOTT M. NEWBERGER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
KATHY RICHLAND PICK 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
MARK PODOLNER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
JACK R. POLSKY 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
JAMES J. ROCHE 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
ROYAL KENNEDY RODGERS 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
DAVID RUTTENBERG 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
CARI SACKS 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
GENE SAFFOLD 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
RICHARD SCHUHAM 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.

JOY SEGAL 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
SARA CROWN STAR 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
HEATHER A. STEANS 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
LEAH ZELL WANGER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
GERALD A. WEBER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
SUSAN J. WISLOW 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
SHERI B. ZUCKERMAN 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
T. BERRY BRAZELTON, M.D. 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
NATALIE HEINEMAN 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
LORRAINE B. WALLACH 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.

BERNICE WEISSBOURD 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
SAM MEISELS 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	PRESIDENT 35.00	229,350.	39,810.	0.
FRANCES STOTT KAMPWIRTH 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	VICE-PRESIDENT/DEAN 35.00	120,003.	23,270.	0.
JEANNE MUELLER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	VP. ADMINISTRATION 35.00	110,577.	19,552.	0.
JANICE PROMER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	VP. FINANCE 35.00	104,167.	14,087.	0.
MITCHELL J. LEDERER 420 NORTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60611	MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>564,097.</u>	<u>96,719.</u>	<u>0.</u>