

**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

**2006**

Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

**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

**ERIKSON INSTITUTE**

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

**420 NORTH WABASH AVENUE**

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

**CHICAGO, IL 60611**

**D** Employer identification number

**36-2593545**

**E** Telephone number

**(312) 755-2250**

**F** Accounting method

☐ Cash ☒ Accrual  
☐ Other (Specify) ▶

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

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ▶ **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**

**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 ▶ **33,844,311.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received				
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>7,846,466.</b>		
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>2,567,418.</b>		
	<b>e</b>	Total (add lines 1a through 1d) (cash \$ <b>10,314,344.</b> noncash \$ <b>99,540.</b> )	<b>1e</b>		<b>10,413,884.</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>2,818,060.</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>			
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b>	Dividends and interest from securities	<b>5</b>		<b>746,351.</b>	
	<b>6 a</b>	Gross rents	<b>6a</b>			
	Expenses	<b>b</b>	Less rental expenses	<b>6b</b>		
<b>c</b>		Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b>		Other investment income (describe ▶ )	<b>7</b>			
<b>8 a</b>		Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>		Less cost or other basis and sales expenses	<b>8a</b>	<b>18,280,626.</b>	<b>8b</b>	
<b>c</b>		Gain or (loss) (attach schedule)	<b>8b</b>	<b>18,185,811.</b>	<b>8c</b>	
<b>d</b>		Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>	<b>94,815.</b>	<b>8d</b>	<b>94,815.</b>
<b>9</b>		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>		Gross revenue (not including \$ <b>464,024.</b> of contributions reported on line 1b)	<b>9a</b>	<b>692,921.</b>		
<b>b</b>		Less direct expenses other than fundraising expenses	<b>9b</b>	<b>341,723.</b>		
<b>c</b>		Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	<b>SEE STATEMENT 2</b>	<b>351,198.</b>	
Net Assets		<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b>	Less cost of goods sold	<b>10b</b>			
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>892,469.</b>	
	<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>15,316,777.</b>	
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>10,404,554.</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>1,952,963.</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>723,932.</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		<b>13,081,449.</b>	
	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>2,235,328.</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>39,090,468.</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 3</b>	<b>3,246,014.</b>		
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>44,571,810.</b>		

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>995,086</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 6</b>	
<b>23</b> Specific assistance to individuals (attach schedule) <b>STATEMENT 7</b>				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 5</b>				
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b> <b>SEE STATEMENT 4</b>				
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)				

**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 ☒ NoIf "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

**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 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
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.)	
<b>a</b> TEACHING, LECTURING AND RESEARCHING	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	10,404,554.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	10,404,554.

Form 990 (2006)

**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
<b>Assets</b>	45 Cash - non-interest-bearing	144,646.	45	1,189,585.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	149,792.		
	b Less allowance for doubtful accounts		47c	149,792.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable	8,253,334.	49	9,491,348.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	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	187,141.	53	202,756.
	54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,610,002.	54a	5,097,575.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment, basis				
b Less accumulated depreciation		55c		
56 Investments - other SEE STATEMENT 10	25,422,424.	56	28,253,360.	
57 a Land, buildings, and equipment, basis	2,505,206.			
b Less accumulated depreciation STMT 11	1,967,751.	57c	537,455.	
58 Other assets, including program-related investments (describe ► <u>DEPOSITS</u> )	93,709.	58	743,251.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	39,601,282.	59	45,665,122.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	432,411.	60	790,556.
	61 Grants payable		61	
	62 Deferred revenue	115.	62	250,115.
	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 ► <u>DEFERRED RENT OBLIGATION</u> )	78,288.	65	52,641.
	66 <b>Total liabilities.</b> Add lines 60 through 65	510,814.	66	1,093,312.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	9,972,032.	67	11,830,791.
	68 Temporarily restricted	19,277,998.	68	22,566,833.
	69 Permanently restricted	9,840,438.	69	10,174,186.
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	39,090,468.	73	44,571,810.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	39,601,282.	74	45,665,122.

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### Part IV-A

**e Total revenue** (Part I, line 12) Add lines **c** and **d**

### Part IV-B

**e Total expenses** (Part I, line 17) Add lines c and d

### Part V-A

or key employee at any time during the year even if they were not compensated.) (See the instructions.)



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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?		X
<b>b</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.)		
<b>82b</b>	N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>83b</b>			
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>	N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>85a</b>	N/A		
<b>b</b>	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.		
<b>c</b>	Dues, assessments, and similar amounts from members		
<b>85c</b>	N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures		
<b>85d</b>	N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85e</b>	N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85f</b>	N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85g</b>	N/A		
<b>h</b>	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?		
<b>85h</b>	N/A		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12		
<b>86a</b>	N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>86b</b>	N/A		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders		
<b>87a</b>	N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>87b</b>	N/A		
<b>88 a</b>	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		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>88b</b>			
<b>89 a</b>	<b>501(c)(3) organizations.</b> 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>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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		X
<b>89b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89e</b>			
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89f</b>			
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>89g</b>			
<b>90 a</b>	List the states with which a copy of this return is filed <u>IL</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 <u>157</u>		
<b>90b</b>			
<b>91 a</b>	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>b</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.		X
<b>91b</b>			

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

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 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		2,818,060.			
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	746,351.	
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					94,815.
101 Net income or (loss) from special events					351,198.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a CONSULTING FEE					827,435.
b MISCELLANEOUS					65,034.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,818,060.		746,351.	1,338,482.
105 Total (add line 104, columns (B), (D), and (E))					4,902,893.

Note: Line 105 plus line 1e, 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 RENTAL INCOME, 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

X No

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

Yes

X No

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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.

Please Sign Here: *Janice R. Promer* Signature of officer Date: *2-7-08*

Type or print name and title: *JANICE R. PROMER CHIEF FINANCIAL OFFICER*

Paid Preparer's Use Only: Preparer's signature: *Wm J. Sanchez* Date: *2/8/08* Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):   
 Firm's name (or yours if self-employed), address, and ZIP + 4: *WASHINGTON, PITTMAN AND MCKEEVER, LLC* EIN:   
*819 SOUTH WABASH AVENUE - SUITE 600* Phone no: *(312) 786-0330*  
*CHICAGO, ILLINOIS 60605*

Form 990 (2006)

**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

**2006**

Name of the organization

ERIKSON INSTITUTE

Employer identification number

36 2593545

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

(See page 2 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	115,633.		
ROBERT HALPERN 40 HOLABIRD LOOP, HIGHWOOD, IL 6004	PROFESSOR 35.00	112,633.		
GILLIAN MC NAMEE 1534 EAST 59TH STREET, CHICAGO, IL	PROFESSOR 35.00	111,667.		
BARBARA T. BOWMAN 4929 S. GREENWOOD, CHICAGO, IL 6061	PROFESSOR 35.00	132,621.		
JONATHAN FRANK 1025 W. WOLFRAM STREET, CHICAGO, IL	CIO 35.00	149,916.		
Total number of other employees paid over \$50,000	42			

**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
MATHEMATICA POLICY RESEARCH, INC PO BOX 2393, PRINCETON, NJ 08543-2393	ASSESSMENT/RESEARCH SERVICES	390,000.
GENSLER 4959 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	DESIGN SERVICES ARCHITECT	262,199.
DLA PIPER 203 NORTH LASALLE, CHICAGO, IL 60601	ATTORNEY FEES	108,986.
KYM ABRAMS DESIGN 213 WEST INSTITUTE PLACE - SUITE 608, CHICAGO, IL	DESIGN SERVICES PRINTING	106,900.
ALFORD GROUP 1603 ORRINGTON AVENUE, EVANSTON, IL 60201	PROJECT MANAGEMENT	88,597.
Total number of others receiving over \$50,000 for professional services	6	

**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 )	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-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.		

Schedule A (Form 990 or 990-EZ) 2006

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Schedule A (Form 990 or 990-EZ) 2006

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11:</b> 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 2002 through 2005 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))					
<b>27 Organizations described on line 12:</b> 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					
(2005) (2004) (2003) (2002)					
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					
(2005) (2004) (2003) (2002)					
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) ▶ 27f N/A					
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 2002 through 2005, 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 9 of the instructions )

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) <b>THE SCHOOL CUSTOMARILY DRAWS ITS STUDENTS FROM LOCAL, NATIONAL AND INTERNATIONAL COMMUNITIES AND FOLLOWS A RACIALLY NON-DISCRIMINATORY POLICY AS TO STUDENTS.</b>	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	X	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		X
34 a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement <b>SEE STATEMENT 13</b>		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Schedule A (Form 990 or 990-EZ) 2006

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred )															
		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 -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	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	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
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 13 of the instructions )

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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

36259351



## 2006 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	Current Year Deduction
	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.	16,274.		857.
11	LEASEHOLD IMPROVEMENTS	010198SL		10.00	16	14,978.			14,978.	12,733.		1,498.
45	LEASEHOLD IMPROVEMENTS	063003SL		10.00	16	54,360.			54,360.	19,026.		5,436.
50	LEASEHOLD IMPROVEMENTS	010104SL		10.00	16	249,425.			249,425.	62,357.		86,339.
65	AUDIT ADJUSTMENT	063006SL		5.00	16							10,168.
67	AUDIT ADJUSTMENT	010107SL		5.00	16							705.
	* 990 PAGE 2 TOTAL					492,787.		0.	492,787.	267,284.	0.	105,003.
	BUILDINGS											
	FURNITURE & FIXTURES											
1	FURNITURE AND EQUIPMENT	VARIESL		10.00	16	239,121.			239,121.	239,121.		0.
3	EQUIPMENT	VARIESL		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.	67,444.		0.
8	FURNITURE AND EQUIPMENT	010197SL		10.00	16	113,917.			113,917.	108,221.		5,696.
10	FURNITURE AND EQUIPMENT	010198SL		10.00	16	158,658.			158,658.	134,861.		15,866.
13	VIDEO PRODUCTION	010199SL		10.00	16	107,762.			107,762.	80,820.		10,776.

628102  
07-28-06

(D) - Asset disposed

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

## 2006 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	Current Year Deduction
16	SECURITY SYSTEM	010199SL		5.00	16	11,868.			11,868.	11,867.		0.
20	FURNITURE	010199SL		10.00	16	39,371.			39,371.	29,527.		3,937.
21	WATER HEATER	010199SL		10.00	16	5,400.			5,400.	4,050.		623.
22	AUDIO VISUAL SYSTEM	010199SL		10.00	16	33,714.			33,714.	25,284.		3,371.
23	COMPUTER EQUIPMENT	010100SL		5.00	16	30,210.			30,210.	30,210.		0.
24	CAMERA & PROJECTOR	010100SL		10.00	16	7,283.			7,283.	4,733.		728.
25	VIDEO PRODUCTION	010100SL		10.00	16	41,283.			41,283.	26,833.		4,128.
28	COMPUTER LAB FURNITURE & FIXTURES	010101SL		10.00	16	22,195.			22,195.	12,209.		2,220.
29	TELEPHONE SYSTEM EXPANSION	010101SL		5.00	16	11,396.			11,396.	11,396.		0.
30	COMPUTER EQUIPMENT	010101SL		5.00	16	17,314.			17,314.	17,314.		0.
32	MICRO SERVER	010101SL		5.00	16	10,199.			10,199.	10,199.		0.
33	SOFTWARE	010101SL		5.00	16	23,302.			23,302.	23,302.		0.
34	TWO SERVERS	010101SL		5.00	16	15,851.			15,851.	15,851.		0.
35	BLACKBAUD SOFTWARE	010101SL		5.00	16	37,864.			37,864.	37,864.		0.
36	OTHER FURNITURE & FIXTURES	010101SL		10.00	16	9,626.			9,626.	5,296.		963.
37	COMPUTER LAB BUILD OUT	010101SL		10.00	16	16,036.			16,036.	8,822.		3,330.
38	COPIER	010102SL		5.00	16	16,500.			16,500.	14,496.		2,004.
39	COMPUTER EQUIPMENT	010102SL		5.00	16	28,893.			28,893.	25,385.		3,508.

628102  
07-28-06

(D) - Asset disposed

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

## 2006 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	Current Year Deduction
40	FURNITURE	010102SL		10.00	16	10,872.			10,872.	4,891.		1,087.
41	CONFERENCE ROOM	010102SL		10.00	16	1,117.			1,117.	504.		283.
42	COMPUTER EQUIPMENT	063002SL		5.00	16	23,426.			23,426.	20,414.		3,012.
43	WEBSITE	010103SL		5.00	16	208,659.			208,659.	142,583.		44,050.
44	FURNITURE AND EQUIPMENT	010103SL		10.00	16	86,241.			86,241.	30,184.		8,624.
46	PHONE SYSTEM	010104SL		5.00	16	5,204.			5,204.	2,602.		1,041.
47	AV EQUIPMENT	010104SL		5.00	16	13,947.			13,947.	6,973.		2,789.
48	FURNITURE AND FIXTURES	010104SL		10.00	16	81,239.			81,239.	20,310.		8,124.
49	COMPUTER EQUIPMENT	010104SL		5.00	16	51,370.			51,370.	25,685.		10,274.
51	SECURITY SYSTEM	010104SL		5.00	16	9,600.			9,600.	4,800.		2,215.
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.

628102  
07-28-06

(D) - Asset disposed

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

## 2006 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	Current Year Deduction
60	COMPUTER LEASE BUYOUTS	010101SL		5.00	16	33,199.			33,199.	33,199.		0.
62	FURNITURE	010105SL		10.00	16	9,125.			9,125.	1,369.		913.
63	EQUIPMENT	010105SL		5.00	16	69,174.			69,174.	20,752.		13,835.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					2028222.		0.	2028222.	1619213.	0.	153,397.
	MACHINERY & EQUIPMENT											
64	EQUIPMENT	010106SL		5.00	16	24,753.			24,753.	2,475.		4,950.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					24,753.		0.	24,753.	2,475.	0.	4,950.
	OTHER											
2	MANUSCRIPTS	VARIES		.000	16	52,500.			52,500.			0.
61	WRITE-OFFS	010101SL		3.00	16	<194,740.>			<194,740.>			0.
66	COMPUTER SOFTWARE & EQUIPMENT	010107SL		5.00	16	101,685.			101,685.			10,169.
	* 990 PAGE 2 TOTAL OTHER					<40,555.>		0.	<40,555.>	0.	0.	10,169.
	* GRAND TOTAL 990 PAGE 2 DEPR					2505207.		0.	2505207.	1888972.	0.	273,519.

628102  
07-28-06

(D) - Asset disposed

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

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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)
	18,280,626.	18,185,811.	0.	94,815.
TO FORM 990, PART I, LINE 8	18,280,626.	18,185,811.	0.	94,815.

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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	1,156,945.	464,024.	692,921.	341,723.	351,198.
TO FM 990, PART I, LINE 9	1,156,945.	464,024.	692,921.	341,723.	351,198.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS/(LOSS) ON INVESTMENTS	3,246,014.
TOTAL TO FORM 990, PART I, LINE 20	3,246,014.

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FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES	1,816,226.	1,363,257.	241,069.	211,900.
LICENSES, DUES & FEES	94,484.	47,994.	35,638.	10,852.
MISCELLANEOUS	85,840.	43,603.	32,378.	9,859.
COST ALLOCATION	0.	88,128.	<88,128.>	
FURNITURE AND EQUIPMENT EXPENSE	1,675.	851.	632.	192.
COMPUTER AND SOFTWARE EXPENSE	5,844.	2,969.	2,204.	671.
ADVERTISING	49,296.	25,040.	18,266.	5,990.
TOTAL TO FM 990, LN 43	2,053,365.	1,571,842.	242,059.	239,464.

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FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SAMUEL J MEISELS, ED.D	228,100.		7,500.	235,600.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	159,670.		5,250.	164,920.
C. FUNDRAISING	68,430.		2,250.	70,680.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
FRANCES STOTT KAMPWIRTH	128,922.			128,922.
A. PROGRAM SERVICES	128,922.			128,922.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JEANNE LOCKRIDGE, PH.D	119,500.			119,500.
A. PROGRAM SERVICES	59,750.			59,750.
B. MANAGEMENT AND GENERAL	59,750.			59,750.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
EILEEN B MURPHY	116,667.			116,667.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	38,500.			38,500.
C. FUNDRAISING	78,167.			78,167.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JANICE R PROMER	113,333.			113,333.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	113,333.			113,333.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				188,672.
TOTAL MANAGEMENT AND GENERAL				376,503.
TOTAL FUNDRAISING				148,847.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				714,022.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
DOCTORAL & MASTERS PROGRAM VARIOUS VARIOUS	995,086.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	995,086.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	7
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DESCRIPTION	AMOUNT
STIPEND (MASTER'S PROGRAM)	141,396.
TOTAL TO FORM 990, PART II, LINE 23	141,396.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	8
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EXPLANATION

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

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT OBLIGATIONS	FMV	5,097,575.		5,097,575.
TOTAL TO FORM 990, LINE 54A, COL B		5,097,575.		5,097,575.



FORM 990	OTHER INVESTMENTS	STATEMENT	10
DESCRIPTION	VALUATION METHOD	AMOUNT	
MONEY MARKET FUNDS	MARKET VALUE	6,608,128.	
STOCKS AND MUTUAL FUNDS	MARKET VALUE	16,014,508.	
OTHER DEBT SECURITIES	MARKET VALUE	5,385,777.	
ACCURED INTEREST & RECEIVABLE	MARKET VALUE	244,947.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		28,253,360.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	11
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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.	113,917.	0.
LEASEHOLD IMPROVEMENTS	17,130.	17,131.	<1.>
FURNITURE AND EQUIPMENT	158,658.	150,727.	7,931.
LEASEHOLD IMPROVEMENTS	14,978.	14,231.	747.
VIDEO PRODUCTION	107,762.	91,596.	16,166.
SECURITY SYSTEM	11,868.	11,867.	1.
FURNITURE	39,371.	33,464.	5,907.
WATER HEATER	5,400.	4,673.	727.
AUDIO VISUAL SYSTEM	33,714.	28,655.	5,059.
COMPUTER EQUIPMENT	30,210.	30,210.	0.
CAMERA & PROJECTOR	7,283.	5,461.	1,822.
VIDEO PRODUCTION	41,283.	30,961.	10,322.
COMPUTER LAB FURNITURE & FIXTURES	22,195.	14,429.	7,766.
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.	6,259.	3,367.
COMPUTER LAB BUILD OUT	16,036.	12,152.	3,884.
COPIER	16,500.	16,500.	0.
COMPUTER EQUIPMENT	28,893.	28,893.	0.

FURNITURE	10,872.	5,978.	4,894.
CONFERENCE ROOM	1,117.	787.	330.
COMPUTER EQUIPMENT	23,426.	23,426.	0.
WEBSITE	208,659.	186,633.	22,026.
FURNITURE AND EQUIPMENT	86,241.	38,808.	47,433.
LEASEHOLD IMPROVEMENTS	54,360.	24,462.	29,898.
PHONE SYSTEM	5,204.	3,643.	1,561.
AV EQUIPMENT	13,947.	9,762.	4,185.
FURNITURE AND FIXTURES	81,239.	28,434.	52,805.
COMPUTER EQUIPMENT	51,370.	35,959.	15,411.
LEASEHOLD IMPROVEMENTS	249,425.	148,696.	100,729.
SECURITY SYSTEM	9,600.	7,015.	2,585.
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.>	0.	<194,740.>
FURNITURE	9,125.	2,282.	6,843.
EQUIPMENT	69,174.	34,587.	34,587.
EQUIPMENT	24,753.	7,425.	17,328.
COMPUTER SOFTWARE & EQUIPMENT	101,685.	10,169.	91,516.
TOTAL TO FORM 990, PART IV, LN 57	2,505,207.	2,151,618.	353,589.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 12  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
RICHARD P KIPHART 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	CHAIR 1.00	0.	0.      0.
GERY J. CHICO 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	VICE CHAIR 1.00	0.	0.      0.
BRUCE E. HUEY 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TREASURER 1.00	0.	0.      0.
JOHN L. HINES, JR. 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	SECRETARY 1.00	0.	0.      0.
SUSAN J. WINSLOW 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	PAST CHAIR 1.00	0.	0.      0.
CATHERINE M ADDUCCI 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.      0.
ERIC ADELSTEIN 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.      0.
VIRGINIA BOBINS 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.      0.
BARBARA T BOWMAN 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.      0.
KATHY L BROCK 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.      0.
JEANNA M CAPITO 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.      0.

MICHELLE L COLLINS 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
KATHERINE K COMBS 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
SUSAN G GALLAGHER 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
SABRINA GRACIAS 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
LEE E HARKLEROAD III 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
TOBY HERR 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
LEWIS S INGALL 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
IRA KORMAN 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
MARY LARAIA 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
MITCHELL J LEDERER 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
SHIRLEY R MADIGAN 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
JUDITH K MCCASKEY 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
JOHN W MCNULTY 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.

HARRIET MEYER 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
KATE NEISSER 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
SCOTT M NEWBERGER 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
KATHY RICHLAND PICK 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
JACK R POLSKY 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
JAMES J ROCHE 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
ROYAL KENNEDY ROGERS 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
DAVID W RUTTENBERG 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
CARI B SACKS 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
GENE R SAFFOLD 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
RICHARD S SCHUHAM 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
JOY SEGAL 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
SARA CROWN STAR 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.

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HEATHER A STEANS 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
EVE M TYREE 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
PATRICIA R WALSH 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
LEHA ZELL WANGER 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
SHERI B ZUCKERMAN 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	TRUSTEE 1.00	0.	0.	0.
T BERRY BRAZELTON, MD 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	LIFE TRUSTEE 1.00	0.	0.	0.
NATALIE HEINEMAN 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	LIFE TRUSTEE 1.00	0.	0.	0.
LORRAINE B WALLACH 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	LIFE TRUSTEE 1.00	0.	0.	0.
BERNICE WEISSBOURD 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	LIFE TRUSTEES 1.00	0.	0.	0.
SAMUEL J MEISELS, ED.D 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	PRESIDENT 35.00	228,100.	0.	7,500.
FRANCES STOTT KAMPWIRTH 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	VICE-PRESIDENT/DEAN 35.00	128,922.	0.	0.
JEANNE LOCKRIDGE, PH.D 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	VP-ENROLLMENT AND ADMIN 35.00	119,500.	0.	0.
EILEEN B MURPHY 420 NORTH WABASH AVENUE - STE 600 CHICAGO, IL 60611	VP FOR INSTITUTIONAL ADVAN 35.00	116,667.	0.	0.

JANICE R PROMER	VP FOR FINANCE			
420 NORTH WABASH AVENUE - STE 600	35.00	113,333.	0.	0.
CHICAGO, IL 60611				

TOTALS INCLUDED ON FORM 990, PART V-A

706,522.	0.	7,500.
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SCHEDULE A	GOVERNMENT FINANCIAL ASSISTANCE STATEMENT	STATEMENT 13
	PART V, LINE 34	

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THE FOLLOWING GOVERNMENT FINANCIAL ASSISTANCE IS PROVIDED TOWARDS  
SCHOLARSHIPS:

- |  |          |
|--|----------|
| 1. CITY COLLEGES OF CHICAGO -                | \$13,750 |
| 2. CHICAGO PUBLIC SCHOOLS -                  | \$37,680 |
| 3. IL. DEPT. OF CHILDREN & FAMILY SERVICES - | \$10,900 |