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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ERIKSON INSTITUTE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
451 North LaSalle Street

City or town, state or country, and ZIP + 4
Chicago, IL 606544510

D Employer identification number
36-2593545

E Telephone number
(312)755-2250

G Gross receipts $ 24,596,237

F Name and address of principal officer
SAMUEL J MEISELS
451 North LaSalle Street
Chicago,IL 606544510

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

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ERIKSON EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1966

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
ERIKSON IS AN INSTITUTION OF HIGHER EDUCATION FOCUSING ON TEACHING, RESEARCH AND CLINICAL AND COMMUNITY SERVICE IN THE AREA OF CHILD DEVELOPMENT AND EARLY CARE EDUCATION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	236
6	Total number of volunteers (estimate if necessary)	6	203
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,667,495	9,551,716
	9	Program service revenue (Part VIII, line 2g)	5,274,814	5,088,090
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,882,312	-433,335
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	243,842	69,763
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,068,463	14,276,234
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,134,557	1,018,947
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,299,565	10,389,143
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶562,925		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,787,026	6,672,491
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,221,148	18,080,581
	19	Revenue less expenses Subtract line 18 from line 12	-1,152,685	-3,804,347

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	81,527,736	80,081,953
	21	Total liabilities (Part X, line 26)	37,926,009	46,214,762
	22	Net assets or fund balances Subtract line 21 from line 20	43,601,727	33,867,191

Part II Signature Block

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.

Sign Here

▶ Signature of officer | 2013-01-29 Date

▶ SAMUEL J MEISELS PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

ERIKSON INSTITUTE IS AN INDEPENDENT INSTITUTION OF HIGHER EDUCATION THAT PREPARES CHILD DEVELOPMENT AND FAMILY SERVICE PROFESSIONALS FOR LEADERSHIP THROUGH ITS ACADEMIC PROGRAMS, APPLIED RESEARCH AND COMMUNITY SERVICE AND ENGAGEMENT, ERIKSON ADVANCES THE ABILITY OF PRACTITIONERS, RESEARCHERS, AND DECISION MAKERS TO IMPROVE LIFE FOR CHILDREN AND THEIR FAMILIES THE INSTITUTE IS A CATALYST FOR DISCOVERY AND CHANGE, CONTINUALLY BRINGING THE NEWEST SCIENTIFIC KNOWLEDGE AND THEORIES OF CHILDREN'S DEVELOPMENT AND LEARNING INTO ITS CLASSROOMS AND OUT TO THE COMMUNITY SO THAT PROFESSIONALS SERVING CHILDREN AND FAMILIES ARE INFORMED, INSPIRED AND RESPONSIVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 7,705,869 including grants of $) (Revenue $ 3,763,682)

ERIKSON PROVIDES GRADUATE LEVEL EDUCATION AND TRAINING IN CHILD DEVELOPMENT EARLY CHILDHOOD EDUCATION APPROXIMATELY 275 STUDENTS ENROLLED IN ERIKSON'S GRADUATE CERTIFICATE, MASTER'S DEGREE AND DOCTORAL DEGREE PROGRAMS 90 MASTER'S DEGREE STUDENTS GRADUATED IN MAY 2012 IN ADDITION TO ITS DEGREE AND CERTIFICATE PROGRAMS, ERIKSON PROVIDES CONTINUING PROFESSIONAL DEVELOPMENT TO WIDE RANGE OF EARLY CHILDHOOD PROFESSIONALS IN THE GREATER CHICAGOLAND AREA

4b (Code) (Expenses $ 2,088,426 including grants of $ 1,597,993) (Revenue $ 667,178)

EARLY MATHEMATICS EDUCATION PROJECT PROVIDES IN-DEPTH TRAINING IN EARLY MATHEMATICS TO OVER 200 PREK TO 3RD GRADE TEACHERS EACH YEAR THROUGH A DEPARTMENT OF EDUCATION-FUNDED "INVESTING IN INNOVATION" GRANT, ALL PRIMARY GRADE TEACHERS AT EIGHT CHICAGO PUBLIC SCHOOLS ATTEND LEARNING LABS, RECEIVE INDIVIDUAL COACHING SERVICES, AND PARTICIPATE IN MATH-FOCUSED GRADE LEVEL MEETINGS AND LESSON STUDY AT THEIR SCHOOLS PROFESSIONAL DEVELOPMENT AND CONSULTATION ARE ALSO PROVIDED TO PAROCHIAL SCHOOLS, EDUCARE SITES, HEAD START PROGRAMS, SCHOOLS IN THE CHICAGO SUBURBS, COMMUNITY COLLEGES ACROSS THE STATE OF ILLINOIS, AND IN KENTUCKY, MINNESOTA, WISCONSIN, OHIO, NEW YORK CITY, AND NEW JERSEY

4c (Code) (Expenses $ 1,831,649 including grants of $ 1,831,649) (Revenue $)

EARLY CHILDHOOD PROJECT WITH DCFS THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) CONTRACTS WITH ERIKSON TO MANAGE ITS EARLY CHILDHOOD UNIT ALUMNA ANDRIA GOSS DIRECTS 19 EARLY CHILDHOOD SPECIALISTS BASED AT ERIKSON WHO WORK STATEWIDE TO DETERMINE WHAT SERVICES ARE NEEDED TO ADDRESS THE DEVELOPMENTAL CONCERNS OF CHILDREN BIRTH THROUGH FIVE WHO ARE IN THE CARE OF OR WHO ARE BEING CLOSELY MONITORED BY DCFS THROUGH THIS PROJECT, ERIKSON ADMINISTERS DEVELOPMENTAL SCREENINGS TO CHILDREN AGES BIRTH THROUGH THREE ENTERING THE FOSTER CARE SYSTEM IN COOK COUNTY AND COORDINATES ASSESSMENTS STATEWIDE IN FISCAL YEAR 2012, THE PROGRAM ADMINISTERED 1500 BIRTH THROUGH 3 SCREENING AND MADE 837 REFERRALS FOR EARLY INTERVENTION AND/OR INFANT MENTAL HEALTH PROGRAMS WE ALSO REFERRED ANOTHER 2,226 CHILDREN FOR SCREENING IN THEIR COMMUNITIES ADDITIONALLY, WE PARTICIPATED IN 236 HIGH RISK CASE STAFFING, AND ASSISTED APPROXIMATELY 2,551 CHILD WELFARE FAMILIES THROUGHOUT THE STATE OF ILLINOIS

(Code) (Expenses $ 1,665,605 including grants of $ 1,652,887) (Revenue $ 1,454,782)

OTHER PROGRAM EXPENSES - NEW SCHOOLS PROJECT - FUSSY BABY -FOSTER CHILD DEVELOPMENT, MONITORING & ASSESSMENTS -PROFESSIONAL DEVELOPMENT

(Code) (Expenses $ 1,246,125 including grants of $ 348,661) (Revenue $ 1,011,142)

CENTER FOR CHILDREN AND FAMILIES THE CENTER FOR CHILDREN AND FAMILIES PROVIDES COMPREHENSIVE EARLY CHILDHOOD (BIRTH TO AGE EIGHT) DEVELOPMENTAL, BEHAVIORAL, SOCIAL EMOTIONAL ASSESSMENT AND INTERVENTION SERVICES TO CHICAGO-AREA FAMILIES OUR OVERARCHING GOALS FOR THE CENTER HAVE BEEN TO (A) BRING ERIKSON'S UNPARALLELED EXPERIENCE AND INSIGHT IN CHILD DEVELOPMENT DIRECTLY TO PARENTS AND CHILDREN IN NEED, (B) TO PROVIDE TRAINING TO ERIKSON STUDENTS AND PROFESSIONAL PRACTITIONERS, AND (C) TO EXPAND THE KNOWLEDGE BASE CONCERNING THE ASSESSMENT AND TREATMENT OF YOUNG CHILDREN IN NEED IN FY 2012, THE CENTER SAW 219 FAMILIES IN THE COUNSELING AND DEVELOPMENTAL DIAGNOSTIC PROGRAMS, AND 177 FAMILIES IN THE MEDICAL DIAGNOSTIC PROGRAM THE CENTER ALSO EXPANDED PROGRAMS SERVING CHILDREN IN EARLY HEAD START AND MILITARY FAMILIES WITH YOUNG CHILDREN

4d Other program services (Describe in Schedule O)

(Expenses $ 2,911,730 including grants of $ 2,001,548) (Revenue $ 2,465,924)

4e **Total program service expenses** ▶$ 14,537,674

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	79		
b	Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable*	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	236		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 34			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶IL

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)

		(D)	(E)	(F)
1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,584,236	0	177,354

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶14

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SRI INTERNATIONAL PO BOX 2767 MENLO PARK, CA 94025	PROJECT RESEARCH	470,790
ALTER GROUP 75 REMITTANCE DRIVE CHICAGO, IL 60675	BUILDING MANAGEMENT	299,609
UNIVERSITY OF CHICAGO DEPT OF PEDIATRICS 5841 S MARYLAND AVE CHICAGO, IL 60637	CONSULTAION	196,511
INDIANA INSURANCE COMPANY P O BOX 145476 CINCINNATI, OH 452505476	INSURANCE	114,186
EURSET SERVICES 4700 N OKETO AVENUE HARWOOD HEIGHTS, IL 60706	JANITORIAL SERVICE	110,380

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts							
1a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c	391,161				
d	Related organizations	1d					
e	Government grants (contributions)	1e					
f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,160,555				
g	Noncash contributions included in lines 1a-1f $ 0						
h	**Total.** Add lines 1a-1f			9,551,716			
Program Service Revenue			Business Code				
2a	STUDENT TUITION & FEES		611600	3,763,682	3,763,682		
b	CONSULTING FEES		611600	1,324,408	1,324,408		
c							
d							
e							
f	All other program service revenue			0	0	0	0
g	**Total.** Add lines 2a–2f			5,088,090			
Other Revenue							
3	Investment income (including dividends, interest and other similar amounts)			535,955			535,955
4	Income from investment of tax-exempt bond proceeds			0			
5	Royalties			0			
		(i) Real	(ii) Personal				
6a	Gross rents						
b	Less rental expenses						
c	Rental income or (loss)	0	0				
d	Net rental income or (loss)			0			
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	9,144,807					
b	Less cost or other basis and sales expenses	10,114,097					
c	Gain or (loss)	-969,290	0				
d	Net gain or (loss)			-969,290			-969,290
8a	Gross income from fundraising events (not including $ 391,162 of contributions reported on line 1c) See Part IV, line 18	a	205,906				
b	Less direct expenses	b	205,906				
c	Net income or (loss) from fundraising events			0			
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0			
	Miscellaneous Revenue		Business Code				
11a	MISCELLANEOUS		900099	69,763			69,763
b							
c							
d	All other revenue			0	0	0	0
e	**Total.** Add lines 11a–11d			69,763			
12	**Total revenue.** See Instructions			14,276,234	5,088,090	0	-363,572

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,018,947	1,018,947		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,686,276	784,820	698,372	203,084
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,812,351	5,896,922	808,656	106,773
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	407,945	315,004	73,491	19,450
9	Other employee benefits	712,497	546,043	131,619	34,835
10	Payroll taxes	770,074	594,630	138,728	36,716
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	79,976	14,295	65,681	
c	Accounting	38,975		38,975	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	83,036		83,036	
g	Other	1,791,318	1,529,567	204,519	57,232
12	Advertising and promotion	70,712	69,679	543	490
13	Office expenses	311,727	145,112	155,145	11,470
14	Information technology	173,514	128,138	39,927	5,449
15	Royalties . .	28,395	28,395		
16	Occupancy	460,266	407,852	44,090	8,324
17	Travel	203,700	201,810	1,694	196
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	169,698	135,855	24,288	9,555
20	Interest	1,557,639	1,292,840	233,646	31,153
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	966,060	801,830	144,909	19,321
23	Insurance	187,802	57,599	130,203	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BOOKS AND LIBRARY MATERIALS	129,345	128,649	696	
b	PRINTING & COPYING	85,936	192,202	-120,075	13,809
c	MISCELLANEOUS EXPENSE	228,025	141,118	81,839	5,068
d	BAD DEBT EXPENSE	106,367	106,367		
e					
f	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24f	18,080,581	14,537,674	2,979,982	562,925
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			820,179	1	812,664
	2	Savings and temporary cash investments			5,454,791	2	4,793,513
	3	Pledges and grants receivable, net			10,416,400	3	7,798,062
	4	Accounts receivable, net			94,844	4	97,206
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	33,998,849			
	b	Less accumulated depreciation	10b	5,518,531	29,428,694	10c	28,480,318
	11	Investments—publicly traded securities			25,424,463	11	25,981,151
	12	Investments—other securities See Part IV, line 11			9,728,812	12	11,307,520
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			159,553	15	811,519
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			81,527,736	16	80,081,953
Liabilities	17	Accounts payable and accrued expenses			767,614	17	883,465
	18	Grants payable				18	
	19	Deferred revenue			28,500	19	75,150
	20	Tax-exempt bond liabilities			32,500,000	20	32,500,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			4,629,895	25	12,756,147
	26	**Total liabilities.** Add lines 17 through 25			37,926,009	26	46,214,762
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			18,632,976	27	8,601,895
	28	Temporarily restricted net assets			9,229,325	28	8,725,870
	29	Permanently restricted net assets			15,739,426	29	16,539,426
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			43,601,727	33	33,867,191
	34	Total liabilities and net assets/fund balances			81,527,736	34	80,081,953

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	14,276,234
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,080,581
3	Revenue less expenses Subtract line 2 from line 1	3	-3,804,347
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	43,601,727
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,930,189
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	33,867,191

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ERIKSON INSTITUTE

Employer identification number
36-2593545

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ 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 exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document? Yes	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | **12** |

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | **14** |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ERIKSON INSTITUTE

Employer identification number
36-2593545

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically importantly land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►________

4 Number of states where property subject to conservation easement is located ►________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ ________

(ii) Assets included in Form 990, Part X ► $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ ________

b Assets included in Form 990, Part X ► $ ________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	37,789,393	32,103,845	31,706,224	17,875,734	
b Contributions	800,000	2,705,385	1,202,691	21,194,331	
c Investment earnings or losses	909,515	4,931,980	3,357,460	-4,375,266	
d Grants or scholarships			55,168	39,500	
e Other expenditures for facilities and programs	1,026,736	1,951,817	4,107,362	2,949,075	
f Administrative expenses		0	0	0	
g End of year balance	38,472,172	37,789,393	32,103,845	31,706,224	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 47 000 %

b Permanent endowment ▶ 43 000 %

c Term endowment ▶ 10 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,692,677		2,692,677
b Buildings		27,299,162	2,761,387	24,537,775
c Leasehold improvements				0
d Equipment		3,954,510	2,757,144	1,197,366
e Other		52,500		52,500
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				28,480,318

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other (A) PRIVATE EQUITY AND HEDGE FUNDS	11,307,520	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	11,307,520	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
INTEREST RATE SWAP AGREEMENT	11,995,177
DEFERRED COMPENSATION PLAN PAYABLE	760,970
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,756,147

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,276,234
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,080,581
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,804,347
4	Net unrealized gains (losses) on investments	4	1,435,092
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,365,282
9	Total adjustments (net) Add lines 4 - 8	9	-5,930,190
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-9,734,537

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	7,244,061
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,435,092		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-8,384,229		
e	Add lines **2a** through **2d**			2e	-6,949,137
3	Subtract line **2e** from line **1**			3	14,193,198
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,036		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	83,036
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	14,276,234

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	16,978,598
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	16,978,598
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,036		
b	Other (Describe in Part XIV)	4b	1,018,947		
c	Add lines **4a** and **4b**			4c	1,101,983
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	18,080,581

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE BOARD OF TRUSTEES HAS DESIGNATED CERTAIN AMOUNTS OF UNRESTRICTED REVENUES TO BE CLASSIFIED AS FUNDS FUNCTIONING AS ENDOWMENT THE INCOME ON THESE FUNDS WILL BE USED TO SUPPORT ONGOING OPERATIONS AS OF JUNE 30, 2012, THESE FUNDS WERE ESTABLISHED FOR THE FOLLOWING PURPOSES FACILITIES $14,715,610, GENERAL OPERATIONS $3,363,325, SCHOLARSHIPS $160,520

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ERIKSON INSTITUTE

Employer identification number
36-2593545

Part I

			YES	NO
1	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?	**1**	Yes	
2	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?	**2**	Yes	
3	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 use Part II	**3**	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	**4a**	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	**4b**	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	**4c**	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	**4d**	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	**5a**		No
b	Admissions policies?	**5b**		No
c	Employment of faculty or administrative staff?	**5c**		No
d	Scholarships or other financial assistance?	**5d**		No
e	Educational policies?	**5e**		No
f	Use of facilities?	**5f**		No
g	Athletic programs?	**5g**		No
h	Other extracurricular activities?	**5h**		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	**6a**		No
b	Has the organization's right to such aid ever been revoked or suspended?	**6b**		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	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," explain on Part II	**7**	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ERIKSON INSTITUTE

Employer identification number
36-2593545

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DINNER (event type)	(b) Event #2 NONE (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	597,068			597,068
	2 Less Charitable contributions	391,162			391,162
	3 Gross income (line 1 minus line 2)	205,906	0	0	205,906
Direct Expenses	4 Cash prizes				0
	5 Non-cash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses				0
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(0)
	11 Net income summary Combine lines 3 and 10 in column (d)			▶	205,906

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ______ ☐ No	☐ Yes ______ ☐ No	☐ Yes ______ ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			▶	

9 Enter the state(s) in which the organization operates gaming activities ______

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain ______

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain ______

11 Does the organization operate gaming activities with nonmembers? . . . . Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . Yes No

13 Indicate the percentage of gaming activity operated in		
a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493045025623

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ERIKSON INSTITUTE

Employer identification number
36-2593545

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	**Return Reference**	**Explanation**
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	SCHOLARSHIP FUNDS CAN BE USED FOR TUITION, BOOKS AND LIVING EXPENSES IN GENERAL THEY ARE APPLIED FIRST TO TUITION AND BALANCES SENT TO STUDENTS IT IS REVIEWED EVERY SCHOOL TERM AND IS MONITORED IN COMPLIANCE WITH STUDENT AID PROTOCOLS THE STUDENT LOAN PROGRAM IS AUDITED EVERY YEAR IN COMPLIANCE WITH FEDERAL SINGLE AUDIT STANDARDS

Additional Data

Return to Form

Software ID: 11000230
Software Version: v2011.1.0
EIN: 36-2593545
Name: ERIKSON INSTITUTE

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
HARRIS LEADERSHIP SCHOLARSHIPS	114	338,893			
BOUNCE SCHOLARSHIPS	27	103,020			
GRAND VICTORIA SCHOLARSHIPS	25	74,371			
ANNE SEARLE SCHOLARSHIP	2	7,000			
DOCTORAL SCHOLARSHIPS	6	28,290			
BARBARA T BOWMAN SCHOLARSHIP	7	32,000			
CPS COMMUNITY PARTNERSHIP SCHOLARSHIP	17	122,150			
INFANT STUDIES SCHOLARSHIP	15	85,191			
STEANS LEARNING COLLABORATIVE	5	2,700			
B&N HARRIS SCHOLARSHIP	31	93,949			
BOEING SCHOLARSHIPS	11	62,573			
COMMUNITY COLLEGE PARTNERSHIP SCHOLARSHIPS	11	9,680			
US DEPT OF EDUCATION - HIGH STANDARD PREK MATH SCHOLARSHIPS	143	18,000			
DCYS SCHOLARSHIPS	6	41,130			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
ERIKSON INSTITUTE

Employer identification number
36-2593545

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) BARBARA T BOWMAN	(i)	138,742	0	900	10,909	496	151,047	0
	(ii)	0	0	0	0	0	0	0
(2) JANA FLEMING	(i)	141,274	0	900	13,936	5,820	161,930	0
	(ii)	0	0	0	0	0	0	0
(3) JONATHAN FRANK	(i)	139,887	0	900	10,888	12,636	164,311	0
	(ii)	0	0	0	0	0	0	0
(4) RANDY HOLGATE	(i)	202,474	0	900	14,752	0	218,126	0
	(ii)	0	0	0	0	0	0	0
(5) SAMUEL MEISELS	(i)	314,425	0	8,400	21,242	496	344,563	0
	(ii)	0	0	0	0	0	0	0
(6) SHIRLEY RAY	(i)	198,765	0	900	12,256	12,636	224,557	0
	(ii)	0	0	0	0	0	0	0
(7) SUSAN WALLACE	(i)	186,517	0	900	15,277	8,809	211,503	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ERIKSON INSTITUTE

Employer identification number
36-2593545

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	452029AA9	12-12-2007	32,500,000	CONSTRUCT AND EQUIP FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds defeased	0			
3	Total proceeds of issue	32,500,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	328,294			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	32,171,706			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2009			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	BANK OF AMERICA							
c	Term of hedge	30 0							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC	0 0							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493045025623

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ERIKSON INSTITUTE

Employer identification number
36-2593545

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	OTHER PROGRAM EXPENSES - NEW SCHOOLS PROJECT - FUSSY BABY -FOSTER CHILD DEVELOPMENT, MONITORING & ASSESSMENTS -PROFESSIONAL DEVELOPMENT CENTER FOR CHILDREN AND FAMILIES THE CENTER FOR CHILDREN AND FAMILIES PROVIDES COMPREHENSIVE EARLY CHILDHOOD (BIRTH TO AGE EIGHT) DEVELOPMENTAL, BEHAVIORAL, SOCIAL EMOTIONAL ASSESSMENT AND INTERVENTION SERVICES TO CHICAGO-AREA FAMILIES OUR OVERARCHING GOALS FOR THE CENTER HAVE BEEN TO (A) BRING ERIKSON'S UNPARALLELED EXPERIENCE AND INSIGHT IN CHILD DEVELOPMENT DIRECTLY TO PARENTS AND CHILDREN IN NEED, (B) TO PROVIDE TRAINING TO ERIKSON STUDENTS AND PROFESSIONAL PRACTITIONERS, AND (C) TO EXPAND THE KNOWLEDGE BASE CONCERNING THE ASSESSMENT AND TREATMENT OF YOUNG CHILDREN IN NEED IN FY 2012, THE CENTER SAW 219 FAMILIES IN THE COUNSELING AND DEVELOPMENTAL DIAGNOSTIC PROGRAMS, AND 177 FAMILIES IN THE MEDICAL DIAGNOSTIC PROGRAM THE CENTER ALSO EXPANDED PROGRAMS SERVING CHILDREN IN EARLY HEAD START AND MILITARY FAMILIES WITH YOUNG CHILDREN

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	FORM 990 WAS REVIEWED BY THE PRESIDENT, CHIEF FINANCIAL OFFICER AND THE TREASURER AND WAS DISTRIBUTED TO ERIKSON'S BOARD MEMBERS BEFORE IT WAS FILED WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE ERIKSON'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND MUST DISCLOSURE ALL INTERESTS AND RELATIONSHIPS THAT MAY HOLD POTENTIAL FOR RAISING CONFLICT ISSUES ON THE ANNUAL DISCLOSURE STATEMENT THE CHAIRPERSON OF THE TRUSTEESHIP COMMITTEE REVIEWS DISCLOSURE STATEMENTS AND COMMUNICATES ALL POTENTIAL CONFLICTS WITH THE BOARD CHAIR IF A POTENTIAL FOR CONFLICT IS FOUND TO EXIST, THE TRUSTEESHIP COMMITTEE WILL PREPARE A WRITTEN RECOMMENDATION FOR THE EXECUTIVE COMMITTEE ON HOW BEST TO MINIMIZE THE EFFECT OF CONFLICT UPON THE ACTIVITIES OF THE INSTITUTE AND THE TRUSTEE, OFFICER OR KEY EMPLOYEE THE EXECUTIVE COMMITTEE WILL MAKE A FINAL, WRITTEN DETERMINATION AS TO THE HANDLING OF THE CONFLICT ISSUE

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION COMMITTEE IS APPOINTED BY THE EXECUTIVE COMMITTEE OF THE BOARD THE COMPENSATION COMMITTEE IS CHARGED WITH RECOMMENDING TO THE BOARD THE PRESIDENT'S COMPENSATION, INCLUDING SALARY AND BENEFITS THE COMPENSATION COMMITTEE REVIEWS A COMPENSATION SURVEY OF SIMILAR POSITIONS IN EDUCATIONAL INSTITUTIONS SIMILAR TO ERIKSON, LOCATED WITHIN A METROPOLITAN AREA THIS INFORMATION IS OBTAINED FROM FORM 990'S THIS REVIEW IS CONDUCTED ANNUALLY THE PRESIDENT REVIEWS THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES OF ERIKSON HE REVIEWS A COMPENSATION SURVEY OF SIMILAR POSITIONS IN EDUCATIONAL INSTITUTIONS SIMILAR TO ERIKSON, LOCATED WITHIN A METROPOLITAN AREA THIS REVIEW IS CONDUCTED ANNUALLY

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	ERIKSON INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND TAX RETURNS AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST THIS INSPECTION TAKES PLACE AT ITS CORPORATE OFFICES AT 451 N LASALLE STREET, CHICAGO, IL

Identifier	Return Reference	Explanation
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEE	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D)	REPORTABLE COMPENSATION FOR BARBARA T BOWMAN REPRESENTS INCOME EARNED AS A PROFESSOR AND NOT AS A TRUSTEE OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 1435091, INTEREST RATE SWAP ADJUSTMENT TO FAIR VALUE - -7365280,

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 36-2593545
Name: ERIKSON INSTITUTE

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,665,605 including grants of $ 1,652,887) (Revenue $ 1,454,782)

OTHER PROGRAM EXPENSES - NEW SCHOOLS PROJECT - FUSSY BABY -FOSTER CHILD DEVELOPMENT, MONITORING & ASSESSMENTS -PROFESSIONAL DEVELOPMENT

(Code) (Expenses $ 1,246,125 including grants of $ 348,661) (Revenue $ 1,011,142)

CENTER FOR CHILDREN AND FAMILIES THE CENTER FOR CHILDREN AND FAMILIES PROVIDES COMPREHENSIVE EARLY CHILDHOOD (BIRTH TO AGE EIGHT) DEVELOPMENTAL, BEHAVIORAL, SOCIAL EMOTIONAL ASSESSMENT AND INTERVENTION SERVICES TO CHICAGO-AREA FAMILIES OUR OVERARCHING GOALS FOR THE CENTER HAVE BEEN TO (A) BRING ERIKSON'S UNPARALLELED EXPERIENCE AND INSIGHT IN CHILD DEVELOPMENT DIRECTLY TO PARENTS AND CHILDREN IN NEED, (B) TO PROVIDE TRAINING TO ERIKSON STUDENTS AND PROFESSIONAL PRACTITIONERS, AND (C) TO EXPAND THE KNOWLEDGE BASE CONCERNING THE ASSESSMENT AND TREATMENT OF YOUNG CHILDREN IN NEED IN FY 2012, THE CENTER SAW 219 FAMILIES IN THE COUNSELING AND DEVELOPMENTAL DIAGNOSTIC PROGRAMS, AND 177 FAMILIES IN THE MEDICAL DIAGNOSTIC PROGRAM THE CENTER ALSO EXPANDED PROGRAMS SERVING CHILDREN IN EARLY HEAD START AND MILITARY FAMILIES WITH YOUNG CHILDREN

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BRUCE E HUEY BOARD TREASURER	3 00	X		X				0	0	0
JOHN L HINES BOARD SECRETARY	3 00	X		X				0	0	0
KATE NEISSER BOARD CHAIR	3 00	X		X				0	0	0
BARBARA T BOWMAN TRUSTEE/PROFESSOR	40 00	X				X		139,642	0	11,405
ADRIENNE E WHITE TRUSTEE	3 00	X						0	0	0
CARI B SACKS TRUSTEE	3 00	X						0	0	0
CATHERINE M ADDUCI TRUSTEE	3 00	X						0	0	0
EDWARD S LOEB TRUSTEE	3 00	X						0	0	0
ERIC ADELSTEIN TRUSTEE	3 00	X						0	0	0
EVE M TYREE TRUSTEE	3 00	X						0	0	0
GENE R SAFFOLD TRUSTEE	3 00	X						0	0	0
IKRAM GOLDMAN TRUSTEE	3 00	X						0	0	0
JAMES J ROCHE TRUSTEE	3 00	X						0	0	0
JEANNA MARIE CAPITO TRUSTEE	3 00	X						0	0	0
JOHN W MCNULTY TRUSTEE	3 00	X						0	0	0
JOY SEGAL TRUSTEE	3 00	X						0	0	0
JOYCE WALTERS TRUSTEE	3 00	X						0	0	0
JUDY MCCASKEY TRUSTEE	3 00	X						0	0	0
KATHY RICHLAND PICK TRUSTEE	3 00	X						0	0	0
LEE E HARKLEROAD TRUSTEE	3 00	X						0	0	0
LEWIS S INGALL TRUSTEE	3 00	X						0	0	0
MARY A LARIA TRUSTEE	3 00	X						0	0	0
MICHELLE L COLLINS BOARD VICE CHAIR	3 00	X						0	0	0
MITCHELL J LEDERER TRUSTEE	3 00	X						0	0	0
PATRICIA REYNOLDS WALSH TRUSTEE	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
RICHARD P KIPHART TRUSTEE	3 00	X						0	0	0
RICHARD S SCHUHAM TRUSTEE	3 00	X						0	0	0
SABRINA GRACIAS TRUSTEE	3 00	X						0	0	0
SARA CROWN STAR TRUSTEE	3 00	X						0	0	0
SHERI B ZUCKERMAN TRUSTEE	3 00	X						0	0	0
SHIRLEY MADIGAN TRUSTEE	3 00	X						0	0	0
SUSAN J WISLOW TRUSTEE	3 00	X						0	0	0
TOBY HERR TRUSTEE	3 00	X						0	0	0
VIRGINIA G BOBINS TRUSTEE	3 00	X						0	0	0
SAMUEL MEISELS PRESIDENT	40 00			X	X	X		322,825	0	21,738
SUSAN WALLACE VP FOR FINANCE & OPERATIONS/CFO	40 00			X		X		187,417	0	24,086
GILLIAN MC NAMEE PROFESSOR	40 00					X		116,863	0	22,456
JANA FLEMING DIRECTOR	40 00					X		142,174	0	19,756
JEANNE MUELLER VP OF PLANNING AND ENROLLMENT	40 00					X		131,489	0	14,745
JONATHAN FRANK CHIEF INFORMATION OFFICER	40 00					X		140,787	0	23,524
RANDY HOLGATE VP FOR INSTITUTIONAL ADVANCEMENT	40 00					X		203,374	0	14,752
SHIRLEY RAY SENIOR VP AND DEAN OF FACULTY	40 00					X		199,665	0	24,892