Form	990-T	E	Exempt Organization Busin (and proxy tax under				n	OME	B No. 1545-0687
FOIII						-		G	2018
		For cale	ndar year 2018 or other tax year beginning 07/				19.		
	ent of the Treasury Revenue Service		► Go to www.irs.gov/Form9907 for instru-				4 (=) (0)	Open to	Public Inspection for) Organizations Only
	Check box if	► Do r	not enter SSN numbers on this form as it may be				i		
A ∐ a	ddress changed		Name of organization (Check box if name ch	anged a	ind see instructions.	.)			entification number ust, see instructions.)
_	pt under section	Print	ERIKSON INSTITUTE	!	- t			-	
	n(C)(3)	or	Number, street, and room or suite no. If a P.O. box	k, see ins	structions.		F Unre		593545 siness activity code
)8(e) 220(e)	Туре	451 NORTH LASALLE STREET	foreion	nestal code			instructio	-
	08A 530(a)		City or town, state or province, country, and ZIP or CHICAGO, IL 60654-4510	r toreign	postal code				
C Book	9(a) value of all assets d of year	E Gr	oup exemption number (See instructions						
at en	d of year 81 810 430		eck organization type ► 🔽 501(c) corp		on 501(c) trust] 401(a) trust	Other trust
H Fn			rganization's unrelated trades or busines						irst) unrelated
	de or business				-				ne, describe the
			t the end of the previous sentence, con						
			omplete Parts III-V.	ipicio	r arts r and n,	complete a c	oneau		
			e corporation a subsidiary in an affiliated gro	un or a	narent-subsidia	inv controlled a	roun?	•	Ves 🖌 No
			and identifying number of the parent corp		-	i y controlled g	ioup: .		
			 PATRICIA LAWSON 			phone numbe	ar 🕨	(3)	12) 755-2250
Part			e or Business Income		(A) Income		penses	()	(C) Net
1a	Gross receipts								
b	Less returns and a			1c	0				
2			Schedule A, line 7)	2	0				
3	-		line 2 from line 1c	3	0				0
4a			ne (attach Schedule D)	4a	0				0
b			1797, Part II, line 17) (attach Form 4797)	4b	0				0
c		-	n for trusts	4c	0				0
5	-		nership or an S corporation (attach statement)	-	0				0
6	Rent income (-		6	0	_	0		0
7			ed income (Schedule E)	7	0		0		0
8			and rents from a controlled organization (Schedule F)	-	0		0		0
9		•	tion 501(c)(7), (9), or (17) organization (Schedule G)		0		0		0
10			ivity income (Schedule I)	10	0		0		0
11	Advertising inc	-		11	0		0		0
12			ructions; attach schedule)	12	0		-		0
13			3 through 12	13	0		0		0
Part			Taken Elsewhere (See instructions fo		ations on dedu	ictions.) (Exc	ept for	contrib	outions.
			be directly connected with the unrelated			, ,	- 1		,
14			cers, directors, and trustees (Schedule K)			,		14	0
15	Salaries and w							15	0
16	Repairs and m		Ince					16	0
17	Bad debts							17	0
18	Interest (attacl	n sched	ule) (see instructions)					18	0
19	Taxes and lice	enses.						19	0
20			ns (See instructions for limitation rules) .					20	0
21	Depreciation (attach F	Form 4562)		. 21	0			
22			imed on Schedule A and elsewhere on re					2b	0
23	Depletion .							23	0
24			rred compensation plans					24	0
25			grams					25	0
26			nses (Schedule I)					26	0
27			sts (Schedule J)					27	0
28		-	ach schedule)					28	0
29			ld lines 14 through 28					29	0
30			xable income before net operating loss de					30	0
31			ating loss arising in tax years beginning on c					31	
32	Unrelated bus	iness ta	xable income. Subtract line 31 from line	30.				32	0

For Paperwork Reduction Act Notice, see instructions.

Form 99	D-T (2018)					Р	Page 2
Part	Т	otal Unrelated Business Taxable	Income				
33	Total of	unrelated business taxable income ons)	computed from all unrelated trad	•	33	0	
		s paid for disallowed fringes			34		
		on for net operating loss arising i			_		
		ons)			35	0	
36	Total of	unrelated business taxable income b	pefore specific deduction. Subtrac	t line 35 from the sum			
	of lines	33 and 34			36	0	
37	Specific	deduction (Generally \$1,000, but see	e line 37 instructions for exception	ns)	37	0	
		ed business taxable income. Subtr					
		e smaller of zero or line 36			38	0	
Part I		x Computation					
		ations Taxable as Corporations. M			39	0	
		Taxable at Trust Rates. See					
		ount on line 38 from: 🗌 Tax rate sche			40		
		ax. See instructions			41		
		ive minimum tax (trusts only)			42		
		Noncompliant Facility Income. See			43		
		dd lines 41, 42, and 43 to line 39 or 4	10, whichever applies		44	0	
Part		ix and Payments					
		tax credit (corporations attach Form 111		45a	_		
		redits (see instructions)		45b			
		business credit. Attach Form 3800 (s	-	45c			
d		or prior year minimum tax (attach For		45d	45		
e		redits. Add lines 45a through 45d .			45e	0	
46		t line 45e from line 44			46	0	
		es. Check if from: Form 4255 Form			47	0	
48 40		x. Add lines 46 and 47 (see instruction to 065 to 11 lines 16 and 17 (see instruction to 16 b)	-		48	0	
		t 965 tax liability paid from Form 965			49		
	-	ts: A 2017 overpayment credited to 2		50a 22,372 50b 0	_		
		timated tax payments		50D 0	-		
c d		organizations: Tax paid or withheld a		50C	-		
e		withholding (see instructions)		50e			
	•	or small employer health insurance p		50f			
		redits, adjustments, and payments:			-		
9	_	4136 Othe		50g 0			
51		ayments. Add lines 50a through 50g	· · · · · · · · · · · · · · · · · · ·		51	22,372	
52	-	ed tax penalty (see instructions). Che	ck if Form 2220 is attached .		52	1-	
53		. If line 51 is less than the total of line		wed 🕨	53	0	
		yment. If line 51 is larger than the tot			54	22,372	
55	Enter the	amount of line 54 you want: Credited to	2019 estimated tax 🕨	0 Refunded ►	55	22,372	
Part \	/ St	atements Regarding Certain Ac	tivities and Other Informatio	n (see instructions)		•	
56	At any	ime during the 2018 calendar year, d	id the organization have an intere	st in or a signature or c	ther autho	ority Yes	No
	over a f	inancial account (bank, securities, or	other) in a foreign country? If "Ye	es," the organization ma	ay have to	file	
	FinCEN	Form 114, Report of Foreign Bank a	nd Financial Accounts. If "Yes," e	enter the name of the fo	oreign cou	ntry	
	here 🕨						~
57	During t	ne tax year, did the organization receive a	distribution from, or was it the granto	or of, or transferor to, a for	reign trust?		~
	If "Yes,	' see instructions for other forms the	organization may have to file.				
58		e amount of tax-exempt interest rece				0	
C :~~		penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other the second seco				wledge and belie	ef, it is
Sign		Patricia Lawson			May the IR	S discuss this r	
Here			,	CE AND OPERATIONS & CFO		reparer shown t tions)? \Yes [
	Signatu		Date Title		L		
Paid		Print/Type preparer's name	Preparer's signature		heck 🗌 if	PTIN	
Prepa	arer				elf-employed		
Use (Firm's name			rm's EIN ►		
	-	Firm's address ►		Pr	none no.		

10111 990	-T (2018)										F	Page 3
Sched	ule A-Cost of Goods Sold.	Ent	ter method of in	vent	ory va	luation 🕨						
1	nventory at beginning of year	1	1 0		6	Inventory	at	end of year	6		0	
2	Purchases	2	2 0		7	Cost of	of goods sold. Subtract					
3 (Cost of labor	3	3 0			line 6 fror	ηl	ine 5. Enter here and				
4a /	Additional section 263A costs				1	in Part I, I	ine	2	7		0	
((attach schedule)	4	a 0		8	Do the ru	lles	s of section 263A (with	n res	pect to	Yes	No
b (Other costs (attach schedule)	4	b 0			property	oro	duced or acquired for	resale	e) apply		
	Total. Add lines 1 through 4b	5				to the org						
Sched	ule C-Rent Income (From	Rea	I Property and	Per	sonal	Property	Le	eased With Real Pro	perty	/)		
(see ir	nstructions)											
1. Descrip	otion of property											
(1)												
(2)												
(3)												
(4)												
	2. Rent re	ceive	d or accrued									
	n personal property (if the percentage of re rsonal property is more than 10% but not more than 50%)		(b) From real an percentage of rent f 50% or if the rent i	or pers	sonal pro	perty exceeds	6	3(a) Deductions directly in columns 2(a) and				e
(1)												
(2)												
(3)												
(4)												
Total		0	Total				0	(h) Tatal daduationa				
(c) Total	income. Add totals of columns 2(a) and	2(b). Enter					(b) Total deductions. Enter here and on page	1.			
	I on page 1, Part I, line 6, column (A)						0					0
Sched	ule E—Unrelated Debt-Fina	nce	ed Income (see	instru	uctions)						
				2. 0	Gross inc	ome from or		 Deductions directly con debt-financ 			cable to	C
	1. Description of debt-financed	prope	erty	allocable to debt-financed _ property				(a) Straight line depreciation (b) Other deductions				s
					pio	Jeity		(attach schedule)		(attach sch	nedule)	
(1)												
(2)												
(3)												
(4)	11											
a allo	cquisition debt on or concept of the debt of or concept of the debt-financed debt	of or a t-fina	adjusted basis allocable to nced property n schedule)		4 di	blumn vided lumn 5		 Gross income reportable (column 2 × column 6) 		Allocable d mn 6 × tota 3(a) and	I of colu	
(1)						%	,					
(2)						%	,					
(3)						%	,					
(4)						%	,					
								Enter here and on page 1, Part I, line 7, column (A).		r here and I, line 7, c		
Totals						🕨		0				0
Total div	vidends-received deductions inclue	ded ii	n column 8									0

Sche	edule F-Interest, Ann	uities, l	Royalties, a	and Re	ente	s From (Controlled Org	anizations (see instru	ctions)	· · · · ·	
				Exemp	ot C	ontrolled	Organizations	· · · · ·				
	1. Name of controlled organization		Employer ation number			ted income structions)	4. Total of specified payments made	5. Part of coluincluded in thorganization's	e controlling	conne	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
None	xempt Controlled Organiz	zations										
	7. Taxable Income		let unrelated inc ss) (see instructi				tal of specified ments made	10. Part of col included in th organization's	e controlling	conne	eductions directly cted with income in column 10	
(1)												
(2)												
(3)												
(4)												
								Add column Enter here an Part I, line 8,	d on page 1 column (A).	, Enter h Part I,	columns 6 and 11. here and on page 1, line 8, column (B).	
Totals			· · · ·							0	0	
Sche	edule G-Investment I	ncome	e of a Sect	ion 50	1(C))(<i>1</i>), (9),	Or (17) Organi Deductions				otal deductions	
	1. Description of income		2. Amount of	income		direc	ctly connected ach schedule)	4. Set-asi (attach scho		and s	et-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)												
			nter here and Part I, line 9, c		A).						re and on page 1, ne 9, column (B).	
Totals			ativity has		0				- 1 1'	-)	0	
Sche	edule I—Exploited Exe	empt A					Advertising ir	icome (see in	struction	S)	1	
	1. Description of exploited activi	ity	2. Gross unrelated business incor from trade o business	ne co r F	dir onneo orodu unre	penses ectly cted with action of elated as income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity tha is not unrelated business income	t attribu	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												
			Enter here and page 1, Part line 10, col. (A	l, p A). lir	age '	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 26.	
Totals		. 🕨		0		0					0	
	edule J—Advertising I t I Income From P					Concoli	datad Pasia					
Par		enouic	ais nepur		a	CONSON					7 Fuene understein	
	1. Name of periodical		2. Gross advertising income	ad		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												
	s (carry to Part II, line (5)) .	. ►		0		0	0				0	

Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

	y inte basis.)					
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, bur not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I 🕨	0	0				0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1–5)	0	0				C
Schedule K—Compensation of	Officers, Direc	tors, and True	stees (see instru	uctions)		
1. Name		2	2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)				%	ó	
(2)				%	ó	
(3)				%	ó	
(4)				%	ó	
Total. Enter here and on page 1, Part II, lin	ne 14				•	0

Form 990-T (2018)