ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

Report for the Fiscal Period:
Beginning 07/01/2022 & Ending 06/30/2023

Federal ID # 36-2593545

Are contributions to the organization tax deductible? Yes ☐ No ☐

Date organization was created: 03/11/1966

Legal Name: ERIKSON INSTITUTE
Mail Address: 451 NORTH LASALLE STREET
City, State: CHICAGO, IL
Zip Code: 60654-4510

YEAR-END AMOUNTS

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<tr>
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<th>YEAR-END AMOUNTS</th>
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<tbody>
<tr>
<td>A)</td>
<td>ASSETS</td>
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<tr>
<td></td>
<td>$99,327,583</td>
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<tr>
<td>B)</td>
<td>LIABILITIES</td>
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<td>$29,764,794</td>
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<td>C)</td>
<td>NET ASSETS</td>
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<td>$69,562,789</td>
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PERCENTAGE

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<tr>
<td>D)</td>
<td>% $28,994,596</td>
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<tr>
<td>E)</td>
<td>% $5,877,560</td>
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<tr>
<td>F)</td>
<td>% $1,796,215</td>
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<td>G)</td>
<td>% $36,668,371</td>
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II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR

H) OPERATING CHARITABLE PROGRAM EXPENSE
I) EDUCATION PROGRAM SERVICE EXPENSE
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) $____
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
M) MANAGEMENT AND GENERAL EXPENSE
N) FUNDRAISING EXPENSE
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)

III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES

(Associate Attorney General with Individual Fundraising Campaign Form-IFC, one for each PFR)

PROFESSIONAL FUNDRAISERS:
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
Q) TOTAL FUNDRAISERS FEES AND EXPENSES
R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)

PROFESSIONAL FUNDRAISING CONSULTANTS:
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: MARIANA SOUTO-MANNING, PRESIDENT
U) NAME, TITLE: MAURA DALY, CHIEF EXTERNAL AFFAIRS OFFICER
V) NAME, TITLE: PATRICIA LAWSON, VP FOR FINANCE/CFO

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) CODE CATEGORIES

W) DESCRIPTION: INDEPENDENT INSTITUTION OF HIGHER LEARNING
X) #
Y) #
IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?...YES NO

2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?...YES NO

3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST, OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST, OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?...YES NO

4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?...YES NO

5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?...YES NO

6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)...YES NO

7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?...YES NO

7b. IF "YES", ENTER
   (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS $__________
   (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES $__________
   (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL $__________
   (IV) THE AMOUNT ALLOCATED TO FUNDRAISING $__________

8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?...YES NO

9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?...YES NO

10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?...YES NO

11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:
    US BANK, 136 S. WASHINGTON ST, NAPERVILLE, IL 60566
    BANK OF AMERICA MERRILL, 110 N WACKER DR, CHICAGO IL 60606
    NORTHERN TRUST, 50 S LASALLE ST, CHICAGO, IL 60675

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: PATRICIA LAWSON 312-755-2250

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS


MARIANA SOUTO-MANNING
PRESIDENT or TRUSTEE [PRINT NAME]
SIGNATURE
DATE

LEWIS INGALL
TREASURER or TRUSTEE [PRINT NAME]
SIGNATURE
DATE

DAVID DAWODU
PREPARE [PRINT NAME]
SIGNATURE
DATE

BE SURE TO INCLUDE ALL FEES DUE:
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2.) FOR FEES DUE, SEE INSTRUCTIONS.
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100.00 PENALTY.