Form	88	79-	EO

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury

For calendar year 2020, or fiscal year beginning , 2020, and ending

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information. 2020

Internal Revenue Service

Name of exempt organization	or person subject to tax
-----------------------------	--------------------------

Taxpayer identification number

, 20

MARIE INSTITUTE	91-1931649
Name and title of officer or person subject to tax	•
HOLLI HARRIS	
CEO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the appli	· · · · · · · · · · · · · · · · · · ·
check the box on line 1a , 2a , 3a , 4a , 5a , 6a , or 7a below, and the amount on that line for th	
blank, then leave line 1b , 2b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not er return, then enter -0- on the applicable line below. Do not complete more than one line in P.	
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column	
	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990	
5a Form 8868 check here b Balance due (Form 8868, line 3c) 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here Image: Solution of the soluti	
Part II Declaration and Signature Authorization of Officer or Per	7b son Subject to Tax
Under penalties of perjury, I declare that $\begin{bmatrix} X \end{bmatrix}$ I am an officer of the above organization or	
(name of organization)	
of the 2020 electronic return and accompanying schedules and statements, and, to the be	st of my knowledge and belief, they are
true, correct, and complete. I further declare that the amount in Part I above is the amount I consent to allow my intermediate service provider, transmitter, or electronic return original to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transprocessing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution software for payment of the federal taxes owed on this return, and the financial institution to the financial institution to the financial institution the financial institution to the financial institution	tor (ERO) to send the return to the IRS and nomission, (b) the reason for any delay in U.S. Treasury and its designated Financial n account indicated in the tax preparation o debit the entry to this account. To revoke
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later tha (settlement) date. I also authorize the financial institutions involved in the processing of the confidential information necessary to answer inquiries and resolve issues related to the pay identification number (PIN) as my signature for the electronic return and, if applicable, the confidential confidence is a set of the set of the electronic return and if applicable, the confidence is a set of the s	electronic payment of taxes to receive ment. I have selected a personal
X Lauthorize LOREN D. HOSTEK, CPA	to enter my PIN 98105
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I als PIN on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter electronically filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the test of the test of the test of the test of the test.	eturn is being filed with a state agency(ies)
Signature of officer or person subject to tax	Date ► 11/15/2021
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	91757898199 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electror that I am submitting this return in accordance with the requirements of Pub. 4163 , Modern IRS <i>e-file</i> Providers for Business Returns.	•
ERO's signature 🕨	Date
ERO Must Retain This Form - See	
Do Not Submit This Form to the IRS Unless	Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2020)

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑΙ	or th	e 2020 calendar year, or tax year beginning and	d ending		
B	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre				
	Name chang	e Doing business as THE LINEHAN INSTITUTE		91-19316	49
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return		114	206-675-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1971369.
	Amen	SERIIDE, WA JOIUJ		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: HOLLI HARRIS		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Гах-ех	empt status: 🗴 501(c)(3) 🛄 501(c) () ┥ (insert no.) 🛄 4947(a)(1) or 📃 527	If "No," attach a	list. See instructions
		te: MARIEINSTITUTE.ORG		H(c) Group exemptio	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1998	A State of legal domicile: WA
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: \underline{TO} N	IAKE EI	FFECTIVE TRE	ATMENTS
Governance		AVAILABLE TO ALL INDIVIDUALS WITH SEVERI	E MENTA	AL DISORDERS	THRU
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disp			-
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3
ي ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) \ldots			16
Activities &	6	Total number of volunteers (estimate if necessary)		6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	······	68827.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		3180700.	1970233.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0. 20669.	0. 1136.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3270196.	1971369.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		91586.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		91586.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1142585.	1015108.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0•	0.
Ă		Total fundraising expenses (Part IX, column (D), line 25)		1274241.	979345.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2508412.	1994453.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		761784.	-23084.
SS	19			eginning of Current Year	End of Year
anco	20	Total assets (Part X, line 16)		793851.	869836.
Asse Bal	21			849615.	929083.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		-55764.	-59247.
Pa	art II	Signature Block		00,010	
		lities of perjury, I declare that I have examined this return, including accompanying schedu	les and staten	nents, and to the best of m	v knowledge and belief. it is
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of v			,
	, 0			,	
Sia	n	Signature of officer		Date	

	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							
May the IRS discuss this return with the preparer shown above? See instructions								
	SEATTLE, WA 9810)9	Phone no. 206-623-9395					
Use Only	Firm's address 526 YALE AVENUE							
Preparer	Firm's name 🕨 LOREN D. HOSTEK		Firm's EIN 🕨					
Paid	LOREN D. HOSTEK, CPA		^{if} self-employed P00938299					
	Print/Type preparer's name	Preparer's signature Da	ate Check X PTIN					
	Type or print name and title							
Here	NOLLI HARRIS, CEO							
Sign	Signature of officer		Date					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	ISTITUTE	91-193164	19 Page 2
	-		
			L
			Yes X No
If "Yes," describe these new services on S	Schedule O.		Yes X No
If "Yes," describe these changes on Sche	dule O.		
Section 501(c)(3) and 501(c)(4) organization	ons are required to report the amount of grar		
(Code:) (Expenses \$1	994453 including grants of \$		971369.
(Order) (Frances *	in the diam wants of the		
(Code) (Expenses \$	including grants of \$) (nevenue \$	
(Code:) (Expenses \$	including grants of \$) (Revenue \$	
Other program services (Describe on Sch	edule O.)		
	,		
(Expenses \$ i Total program service expenses ►	ncluding grants of \$ 1994453.) (Revenue \$	
	Check if Schedule O contains a resp Briefly describe the organization's mission Did the organization undertake any signifu- prior Form 990 or 990-EZ? If "Yes," describe these new services on S Did the organization cease conducting, or If "Yes," describe these changes on Sche Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization revenue, if any, for each program service 1 (Code:) (Expenses \$	Briefly describe the organization's mission: NONE Did the organization undertake any significant program services during the year which prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conduct If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three larg Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grar revenue, if any, for each program service reported. (Code:) [Expenses \$	Check if Schedule O contains a response or note to any line in this Part III

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 Form 990 (2020)
 MARIE
 INSTITUTE

 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)?		37	
	If "Yes," complete Schedule A	1	Х	v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	444	х	
	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e	X	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	21	<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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 and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Form	990	(2020)	1

 Form 990 (2020)
 MARIE
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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			v
04 -	Schedule J	23		X
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? <i>If "Yes," answer lines 24b through 24d and complete</i>	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00005	(gambling) winnings to prize winners?		990 (
032004	۱2-23-20 ۲	Form	330 ((2020)

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Form 990	(2020)
Part V	Stat

020) MARIE INSTITUTE Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on from Way, Transmittal of Wage and Tax Statements, 2a 16 b If a least one is reported on line 2.a, did the organization file all required to define enstructions? 2b X 3a Deft and canon State of the organization file all required to define enstructions? 3a X 3b Diff and a form 800 T for this year? // Yo/'s file 3b, provide an explanation on Schedule O 3b X 3b Diff and a form 800 T for this year? // Yo/'s file 3b, provide an explanation on the authority over, a financial account is a thereign country? 4a X 3b Diff any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 4a X 3c Uf "Yes," of the organization file PGM comm386 file? 5c 5c 5c 3c Uf "Yes," of the organization have an autig ross receipts that are normally greater than \$100,000, and differ organization solid ary contributions that were not ac deductible ac number of more sported to the party? 5c 5c 3c Uf "Yes," of the organization file Amateper orbitotic tax shear party as contributions or gifts were not tax deductible ac number of more spore s						Yes	No		
b If a last one is reported on line 2a, did the organization file all required to r-file (see instructions) 2b X Note: If the sum of lines 1 and 2a is greater than 250, you may be required to -file (see instructions) 3a X b At any time during the calendary server, dith for 30, provide an explanation on Schedule O 3b X b If "Yes," has if field a formig 0001 for this year? If "No" to fire 30, provide an explanation or other financial account? 4a X b If "Yes," institute on the same of breign country (such as a bank account, securities account, or other financial account? 4a X b If "Yes," institute on the organization the fire form 886-17. 5a X b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b If "Yes," indicate the organization include with every solicitation an express statement that such contributions only the were not tax deductible as charitable contributions? 5a X b If "Yes," indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X b If "Yes," indicate the number of the value of the goods or services provided? 7b X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: It is und lines 1a and 2a is greater than 250, you may be required to e-fie (see instructions) Image: Section 2000 I		filed for the calendar year ending with or within the year covered by this return	2a	16					
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b H**s; "has it field a Form 3000 of for this year? If "hor's for & 8b, york de an explenation on Schedule O 3b X b H*s; "has it field a Form 3000 of for this year? If "hor's for & 8b, york de an explenation on Schedule O 3b X b H*s; "hore the name of the foreign country securities account, or other financial account?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms?		2b	Х			
b If "Yes," has it filed a Form 390-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other standing occurs (such as a bark account, socurites account) or other financial accounts? 4a X b If "Yes," enter the name of the foreign county \$\sciences\$ 5a X b Did any taxabut party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a X b Did any taxabut party notify the organization that twas or is a party to a prohibited tax shelter transaction solid: 5a X b Did any taxabut party notify the organization that twas or is a party to a prohibited tax shelter transaction solid: 5a X b Did any taxabut party notify the organization include with every solicitation an express statement that such contributions or gifts 5c 5c c Did the organization neicule a party the outpeak that an ormally greater than \$100,000, and did the organization solicit the number of proms 8228? 7a X f Tys," did the organization include with every solicitation an express statement that such contract? 7a X f Tys," did the organization include on the value of the grade and sa solicitation file any contrabut manet andiso and party solicitation file any contrabut t		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
4a At any time during the calendar year, did the organization have an inferent in, or a signature or other authority over, a 4a X bit if 'ves,' enter the name of the foreign country See instructions for tiling requirements for FinCEN Form 114, Report of Foreign Bank and Financial account/? 5a X bit if 'ves,' enter the name of the organization that a shelter transaction at any time during the tax year? 5a X bit any taxable party notify the organization that a varie or is a party to a prohibited tax shelter transaction? 5b X cif 'ves' to lies Sa or 5b, did the organization the form 888-7? 5a X bit any taxable party notify the organization the organization nave ensuing greater than \$100,000, and did the organization solid: any contributions that were not tax deductible? 5c X cif 'ves' to lid the organization neight the doorn of the value of the ogods or services provided? 7a X dif the organization neight the doorn of the value of the ogods or services provide? 7b 7c X dif the organization neight the service singes of tangible personal property for which it was required? 7c X dif the organization neight the service, so that walk of the lifectual property, did the organization neight the service singes of tangible personal penefit contract? 7c X dif the organization neavice as solutins of not actissed funds. Did a	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(22) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14a Ital 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a It "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational information subject to the section 4968 excise tax on net investment income?									
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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: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13a c Enter the amount of reserves on hand 13b 13c 14a X 14a Did the organization subject to thes extoin 4960 tax on payments? If "No," provide an explanation on Schedule O 14b 14b	10	Section 501(c)(7) organizations. Enter:							
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X ls t	а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
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Note: See the instructions for additional information the organization must report on Schedule O. Image: Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Imag					10-				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
	16		it inco	me?	16		Х		

Form **990** (2020)

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Form 990 (2020)

MARIE INSTITUTE

X

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

Check if Schedule O contains a response or note to any line in this Part VI

		I I -		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a -	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R				
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 3			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				
•	in Schedule O how this was done		12c		x
3	Did the organization have a written whistleblower policy?		13	x	
4	Did the organization have a written document retention and destruction policy?		14		x
5	Did the process for determining compensation of the following persons include a review and approv				
0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
2	The organization's CEO, Executive Director, or top management official		15a	x	
			15a	X	
b	Other officers or key employees of the organization		130		
16-		mont with a			
Ud	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?		16-		x
F	, , , ,		16a		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is ising under applicable follows have been to acfor under applicable follows have been been been according to a second the areas				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		401		
205	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed WA		-	<u>,</u>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)(3)s only	/) avail	lable
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records 🕨			
	STRIDE - RAJA KAPADIA - 206-675-8588				
	540 HOWARD ST. FLOOR 2, SAN FRANCISCO, CA 94015				
12000	5 12-23-20 —		Form	1 990	(2020
	7				. .
91	104 786765 705595 2020.05000 MARIE INSTITUT	E	70!	5595	5 1

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, and Independe	ent Contrac	ctors			

Check if Schedule O contains a response or note to any line 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.

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, and 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	ia a a I	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	trust		ee	npen		(00-2/1099-00130)		and related
	below	dual ti	itiona		nploy	st cor	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) HOLLI HARRIS	40.00									
CEO				X				99665.	0.	0.
(2) ANDRE IVANOFF	20.00									
BOARD CHAIR		X		X				75548.	0.	0.
(3) ALAN FRUZETTI	0.50									
DIRECTOR		X						0.	0.	0.
(4) ELIZABETH BURNS	0.50									
DIRECTOR		X						0.	0.	0.
		-								
		<u> </u>								
		-								
		<u> </u>								
		-								
		L					L			
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Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, and	d Hi	ghe	st C	compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition ^{more} rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		ition e ion ed ons		
	<u></u>								175213.		0.			0.
	Subtotal Total from continuation sheets to Part V								0.		0.			0.
-	Total (add lines 1b and 1c)								175213.		0.			0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	lose	liste	ed al	bove	e) wr	10 r	eceived more than \$100	,000 of reportab	le			1
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-		-		Ŭ	phest compensated emp	2		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$15		le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		Х
5	Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	;			
Sec	rendered to the organization? If "Yes," continue tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		Х
1	Complete this table for your five highest co	•	•							•	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I	n the organization's tax (B)	year.			••	
	(A) Name and business	address	N	ONE	2				Description of s	ervices	С	(C ompe	nsatio	n
2	Total number of independent contractors (\$100,000 of compensation from the organi	•	ot li	mite	d to		se lis 0	stec	above) who received n	nore than				
												Form	990 (2	2020)

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Ра	rt v	/111					or noto to ony lin	a in this Dart VIII			
			Check if Schedule O	conta	ns a respo	nse	or note to any lin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
S S	4		E devete de encorreitore e		4-						
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns								
ũ Đ			Membership dues								
, Ār			Fundraising events								
ilai			Related organizations								
Sin',			Government grants (contr								
eritio		f	All other contributions, gifts,	-							
ēŧ			similar amounts not included								
ont		-	Noncash contributions included in								
ōō		h	Total. Add lines 1a-1f				🕨				
							Business Code		1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		
ice	2	а	TRAINING & CO		JLTATI	.0	541900	1649575.	1649575.		
le Ci		b	PRODUCT INCOM	ΙE			541900	320658.	320658.		
erc		С									
ev an		d									
Program Service Revenue		е									
Δ.		f	All other program service	reven	ue						
		g	Total. Add lines 2a-2f				►	1970233.			
	3		Investment income (includ								
			other similar amounts)								
	4	· · · · · ·									
	5		Royalties	·····							
					(i) Real		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
Revenue			and sales expenses	7b							
eve			Gain or (loss)								
			Net gain or (loss)			·····	▶				
Other	8	а	Gross income from fundraisin		nts (not						
0			including \$		of						
			contributions reported on		-						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from		-		🕨				
	9	а	Gross income from gamin	-							
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			s	▶				
	10	а	Gross sales of inventory, I			10-					
			and allowances			10a					
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	or invento	ıy	Business Code				
sno	11	~	OTHER INCOME				541900	1136.	1136.		
nec	' '						541500				
Miscellaneous Revenue		b									
Be		c d	All other royonus								
Σ			All other revenue Total. Add lines 11a-11d					1136.			
	12		Total revenue. See instruction					1971369.	1971369.	0.	0.
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MARIE INSTITUTE

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).

Do n	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	913125.	913125.		
	Other salaries and wages Pension plan accruals and contributions (include		• • • • • • •		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17174.	17174.		
9 10	Payroll taxes	84809.	84809.		
11	Fees for services (nonemployees):				
	Management				
	Legal	69843.	69843.		
	Accounting	73718.	73718.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	90106.	90106.		
12	Advertising and promotion	26864.	26864.		
13	Office expenses	11515.	11515.		
14	Information technology	27769.	27769.		
15	Royalties	0.0 0.0 0.0	00000		
16	Occupancy	89723.	89723.		
17	Travel	576.	576.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	5784.	5784.		
22 23		22302.	22302.		
23 24	Other expenses. Itemize expenses not covered	225021	22502.		
27	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.)	475459.	475459.		
a b	DUES & SUBSCRIPTIONS	27367.	27367.		
с С	TELEPHONE	13401.	13401.		
d	BAD DEBT	12243.	12243.		
	All other expenses	32675.	32675.		
25	Total functional expenses. Add lines 1 through 24e	1994453.	1994453.	0.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		2020) MARIE INSTITUT	Έ			91-	1931649 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			191941.	1	236770.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			355316.	4	404776.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			105291.	8	98374.
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	600584.			
	b	Less: accumulated depreciation		556811.	49166.	10c	43773.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	F		13		
	14	Intangible assets		7360.	14	7360.	
	15	Other assets. See Part IV, line 11		84777.	15	78783.	
	16	Total assets. Add lines 1 through 15 (must equ			793851.	16	869836.
	17	Accounts payable and accrued expenses		106645.	17	76582.	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or forr	ner offic	er, director,			
iliti		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D			742970.	25	852501.
	26	Total liabilities. Add lines 17 through 25			849615.	26	929083.
s		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🗀 🔰			
JCe		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions				27	
dB	28	Net assets with donor restrictions		28			
n		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🔟			
rΕ		and complete lines 29 through 33.			1000		1000
ts (29	Capital stock or trust principal, or current funds			1000.	29	1000.
sse	30	Paid-in or capital surplus, or land, building, or ed			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			-56764.	31	-60247.
Ň	32	Total net assets or fund balances			-55764.	32	-59247.
	33	Total liabilities and net assets/fund balances			793851.	33	869836 • Form 990 (2020)

Form **990** (2020)

	1 990 (2020) MARIE INSTITUTE	91-193	1649	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			105	71 7	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	197		
2	Total expenses (must equal Part IX, column (A), line 25)	2	199		
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-:	057	64.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		196	01.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		_		
	column (B))	10	-5	592	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····	<u>.</u>	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form		0000

Form **990** (2020)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

	2020					
	Open to Public Inspection					
r	r identification number					

OMB No. 1545-0047

Intern	al Reve	nue Service		Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.		Inspection
Nan	ne of t	the organizati		E INSTITUT	ι					identification number 1-1931649
Pa	rt I	Beason			(All organizations must c	omplete ti	his nart) S	ee instructio		1-1931049
									13.	
	Grgan		-		(For lines 1 through 12, o		-	IV A V:)		
1	\square				on of churches describe			I)(A)(I).		
2	\square				Attach Schedule E (Forn					
3	\square				anization described in s e					
4		A medical res	-	ation operated in co	njunction with a hospita	Idescribed	d in sectio	n 170(b)(1)(<i>F</i>	.)(III). Enter	the hospital's name,
5				or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
-				Complete Part II.)	5 ,		, ,			
6		A federal, sta	ate, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizat	ion that norma	Ily receives a substa	antial part of its support f	from a gov	ernmental	unit or from	the general	public described in
		section 170((b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9					l in section 170(b)(1)(A)(ed in conju	inction with a	a land-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, city	/, and state o	of the colleg	e or
		university:								
10	X	An organizat	ion that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	ship fees, ar	nd gross receipts from
		activities rela	ted to its exen	npt functions, subject	ct to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
					(less section 511 tax) fr					
		See section	509(a)(2). (Co	mplete Part III.)			-		-	
11		An organizat	ion organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	heck the box in
		lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	ıd 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	[,] giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts supporte	ed organizati	on(s), by ha	ving
		control or r	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection v	vith its suppo	orted organi	zation(s)
		that is not	functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement ar	id an attent	iveness
		requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V .		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	ll, Type III	
		functionally	y integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.			
f	Ente	er the number	of supported of	organizations						
g				about the support		() I. H	a la			
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	inization listed ing document?	(v) Amount c	,	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	instructions)	support (see instructions)
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990 EZ) 2020 MARIE INSTITUTE

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Part II Support Schedule for Organizations Described in Sections 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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							
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.						
	ction B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
Ū	activities, whether or not the						
	business is regularly carried on						
10							
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
10	organization, check this box and stor			-			
Se	ction C. Computation of Publ						
-	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
r	10% -facts-and-circumstances tes	0	• •		•		
~	more, and if the organization meets th	-					/
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio		•				s
			20/ 01/ 110/10, 10	,,,		adula A (Earm 900	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 MARIE INSTITUTE

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	147654.	110896.	286596.	68827.		613973.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	3289181.	3631640.	3059790.	3078700.		13059311.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	3436835.	3742536.	3346386.	3147527.		13673284.
	Total. Add lines 1 through 5	3430033.	5/42550.	3340300.	514/52/.		130/3204.
7a	Amounts included on lines 1, 2, and						<u>م</u>
	3 received from disqualified persons						0.
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Public support. (Subtract line 7c from line 6.)						13673284.
° Sec	ction B. Total Support						130732011
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	3436835.	3742536.	3346386.	3147527.	(0) 2020	13673284.
	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						
с	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	38139.	50441.	108707.	20669.		217956.
13	assets (Explain in Part VI.)	3474974.	3792977.	3455093.	3168196.		13891240.
	First 5 years. If the Form 990 is for th					1 501(c)(3) organizat	l
	check this box and stop here	-			-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (I			column (f))		15	98.43 %
	Public support percentage from 2019					16	98.31 %
	ction D. Computation of Invest						
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the					33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 01-25-21						0 or 990-EZ) 2020
				16			-

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1

2

Yes No

No

Yes

2a

2b

За

3b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization.

Section (5. Type I	I Supporting	Organizations	

			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u></u>		1		

Section D. An Type in Supporting Organizations							
	1	Did the organization provide to each of its supported organizations, by the last day of the f					

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ons).

- 1	The state of the s		A - 11 - 11	To at Oaman late	Les - O la alarre
a ı	The organization	satistied the	ACTIVITIES	lest <i>Complete</i>	line 2 Delow

b The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a g	governmental entity.	Describe in Part VI ho	w you supported a	governmental entity	(see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 MARIE INSTITUTE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1 a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	Illy integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpose	is 3	3	
4	Amounts paid to acquire exempt-use assets		4	4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.		6	;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		g)
10	Line 8 amount divided by line 9 amount	Γ	10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			-
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 MARIE INSTITUTE

09

Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	1. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Bc, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
032028 01-25-21	Schedule A (Form 990 or 990-EZ) 202
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization MARIE INSTITUTE	Employer identification number 91-1931649	
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed 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 a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	conferring
	impermissible private benefit?		Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) 📃 Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	·	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	an accomenta in its revenue and evenence	
9			
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	iote to the organization's infancial stateme	his that describes the
Pa	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		ad balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule D (Form 990) 2020

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Part.III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(contrued) a Using the organization saccession, and other records, check any of the following that make significant use of its a Policie whittion d b Scholarly research e c Direct whittion d c Direct within the significant use of its e Provide a description of the organization's collections and explain how they further the organization's center in the set within a seaset its c Direct with the organization solution or new donations of art, historical treasures, or other similar assets its Part.IV Escrow and Custodial Arrangements: Complete if the organization's calceloto? Yes No Part.IV Escrow and Custodial and or other intermediary for contributions or other assets not included on form 900, Part X? No its Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: State S	Sche	dule D (Form 990) 2020 MARIE I	NSTITUTE					-	91-19	3164	9 Pa	age 2
collection terms (check all that apply): Collection terms (check all that apply): Collection (check all that apply):<	Par	t III Organizations Maintaining (Collections of A	rt, Histo	orical Tr	easures, or	Other	Simila	ar Asse	ts (contii	nued)	
a Public schulton d □ can or exchange program b Schular yresearch e □ Otter	3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that m	nake sigi	nificant	use of its			
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 5 Uning the year, did the organization solic or receive donations of art, historical treasures, or other similar assets to be solid to raise tunds rather than to be maintaide as part of the organization answered "Yes" on Form 990, Part IV, line 9, or regorted an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1 c Beginning balance 1 1 1 Intermediary for esclute anany and the organization included on form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes Image: Part V is the Part V is the organization include an amount on Form 990, Part X, line 20. Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 10. Yes Yes <t< th=""><th></th><th>collection items (check all that apply):</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>		collection items (check all that apply):										
c Prevent event for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. 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 answered "Yes" on Form 930, Part K/ line 9, or reported an amount on Form 990, Part X, line 21. 4 Is the organization angement in complete if the organization answered "Yes" on Form 930, Part K/ line 9, or reported an amount on Form 990, Part X, line 21. 4 Is the organization angement in Part XIII and complete the following table: C Beginning balance d Additions during the year te d defining balance d Additions during the year te d defining balance d Additions during the year definite the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes", replain the arrangement in Part XIII. 2 Bold the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes", replain the arrangement in Part XIII. 2 Bold the organization answered "Yes" on Form 990, Part IV, line 10. 3 Additions during the year defining of year balance definitions definition	а	Public exhibition	d	⊢ <u> </u>	oan or exc	hange program						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 15 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 16 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 17 Ves, "explain the arrangement in Part XIII and complete the following table: 28 Beginning balance 29 Out the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes in No 16 If Yee, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Fundes. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 17 No Differe years back (o) Four years	b	Scholarly research	e	L C	ther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	с	Preservation for future generations										
tops 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' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 14 15 16 16 16 16 16 16 16 16 16 17 18 16 17 18 16 10 10 10 10 10 10 10 10 10 10 10 10 10 10	4	Provide a description of the organization's c	ollections and explain	n how the	ey further t	he organization'	s exemp	ot purpo	se in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ives No c Beginning balance Id Id Id Id d Additions during the year Id Id Int Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships	5								_	-		-
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 b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year 1d 2B Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accurt liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization in answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two yeas back (d) Three years back (e) Four years back a Grants or scholarships												No
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on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Distributions during the year Id d Ending balance If d Ending organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Pert V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII. Pert V Inform 990, Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII. Inform years back (e) Four years back for Yes and the part Part IV. Inform years back for Yes and the part Yes and the part Yes and the part Yes' on Form 990, Part XIII. Inform years back for Yes and Yes a												
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c Beginning balance Id d Additions during the year Id d Distributions during the year Id f Ending balance If d Distributions during the year Id f Ending balance If d Distributions during the year Id f Ending balance If d Distributions during the year Id e Distributions Image: Complete if the organization answered "Ves" on Form 990, Part IV, line 10. la Beginning of year balance Image: Complete if the organization answered "Ves" on Form 990, Part IV, line 10. la Beginning of year balance Image: Complete if the organization answered "Ves" on Form 990, Part IV, line 10. la Grants or scholarships Image: Complete if the organization answered "Ves" on Form 990, Part IV, line 10. e Other expenditures for facilities Image: Complete if the organization answered "Ves" on Form 990, Part IV, line 10. e Other expenditures for facilities Image: Complete if the complete if the organization facilities and programs Image: Complete if the current year end balance (line 1g, column (al) held as: g <	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
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b H "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Outpression (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarshipe (c) Two years (c) Two years (d) Three years (e) Four years e Other expenditures for facilities (c) Two years (d) Three years (e) Four years g End of year balance (c) Two years (c) Two years (e) Four years (e) Four years g End of year balance (c) Fouryears (c) F												1
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b Contributions	10	Paginning of year balance	(a) Current year	(D) Pr	lor year	(C) Two years b		THEE y	Cais Dack	(e) i ou	years	Dauk
c Net investment earnings, gains, and losses	la b											
d Grants or scholarships	0											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% c Term endowment Innds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment c Leasehold improvements d Equipment c Leasehold inprovements d Equipment c Column (d) must equal Form 990, Part X, column (B), line 10c. A 2773. Complete if the reganized form 990, Part X, column (B), line 10c. (c) Accumulated d Equipment c Leasehold inprovements d Equipment c Leasehold inprovements d Equipment c Leasehold inprovements d Equipment c Leasehold inprovements c Leasehold inprov	с А											
and programs												
f Administrative expenses	C											
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-			e (line 1a	. column (a	a)) held as:						
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	_ a				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (other) (f) Book value basis (other) (g) Cost or other basis (other) (g) Cost or other basis (other) (g) Rook value depreciation (g) Rook value depreciation (g) Rook value depreciation (g) Rook value	c											
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by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Column (d) must equal Form 990, Part X, column (B), line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Verset Verset Sa(i) S	3a		-	ation that	are held a	nd administered	d for the	organiz	ation			
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?3b3b										3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sc	hedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 1a Land	4	Describe in Part XIII the intended uses of the	e organization's endo	wment fu	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par	t VI Land, Buildings, and Equipn	nent.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	ed "Yes" on Form 990), Part IV,	line 11a. S	See Form 990, P	art X, lir	ie 10.				
1a Land		Description of property			(b) Cost	or other	(c) Acci	umulate	d	(d) Boo	k valu	e
b Buildings			basis (investr	nent)	basis	(other)	depre	eciation				
c Leasehold improvements	1a	Land										
d Equipment 600584. 556811. 43773. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 43773.	b	Buildings										
e Other 600584. 556811. 43773. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 43773.	с	Leasehold improvements										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment									10-	
							5	5682	11.		437	73.
	Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)	<u></u>				437	13.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 MARIE INSTITUTE 91	-1931649	Page 3
Part VII Investments - Other Securities.		0
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 \	/alue
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end	-of-year market \	/alue
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
(a) Description	(b) Book va	alue
(1) DEPOSITS	14	4241.
(2) PRODUCT START UP COSTS(NET OF 754 AMORTIZATION)	4:	2068.
(3) PREPAID OPERATING EXPENSES	22	2196.
(4) OTHER LIABILITY / DUE FROM		278.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	78	8783.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD PAYABLES	4241.
(3) ACCRUED WAGES	23116.
(4) OTHER ACCRUED EXPENSES	187145.
(5) ACCRUED 401K	5875.
(6) UW-RESEARCH LOAN	48000.
(7) NOTE PAYABLE - DR. LINEHAN	288817.
(8) BTECH RESEARCH LOAN	72307.
(9) PPP LOAN	223000.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 852501.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 MARIE INSTITUTE		91-1931649 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_ 2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	. 2b	
С	Other losses	. 2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

(Form 990) Per certain Officers. Directors, trustees, Key Employees, and Highest Composed Ed Employee. The Second Second Ed Employees and Highest Composed Ed II to organization answered "Yes" on Form 90, Part IV, line 23. De Attack to Form 90. Den to Foulite Imspection Name of the organization Mark E INSTTUTE Employee Identification number 91–1931649 Part I Questions Regarding Compensation Yes No - Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part II, Section A, line 1a. Complete Part III to provide any relevant Information regarding these tens. Yes No - Part I Guestions Regarding Compensation Personal services (such as maid, chauffeur, cher) Yes - Introduced a complete Part III to provide any relevant Information regarding these tens. Image: Complete Part III to provide any relevant Information regarding these tens. Yes - Introduced to comparison - Personal services (such as maid, chauffeur, cher) Image: Compensation complete Part III to spinal Ib - Discretionary spending account - Personal services (such as maid, chauffeur, cher) Ib Ib - Indicate which, if any, of the following the organization follow a written policy regarding payment or reinbursement or provision of all of the expense described above for methodes used by a related organization to establish compensation committee Ib - Ording the year, did dripe payment and used to stablish the compensatio	SC	HEDULE J	Compensation Information	L	OMB No.	1545-00	47
 Complete if the organization answered "Yes" on Form 980, Part IV, line 23. Open to Public Inspection Co to www.irs.gov/Form980 for instructions and the latest information. MARIE II INSTITUTE Part I Questions Regarding Compensation Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Boction A, line 1a. Complete Part III to provide any network information regarding these terms. First-Class or charter travel Part I Questions Regarding compensation provided any of the following to or for a person listed on Form 990, Part VI, Boction A, line 1a. Complete Part III to provide any network information regarding these terms. First-Class or charter travel Part II Complete Part III to provide any network information regarding these terms. First-Class or charter travel Payments for business use of personal residence Tax informing the arc Arcked, did the organization follow a written policy regarding payment or reinburstement or provision of all of the expanization follow a written policy regarding payment or reinburstement or diffees, including the CEO/Executive Director, regulating the terms checked on line 1a? During the year, did any person listed on Form 990, Part VI, Section A, line 1a, with respect to the filing organization or achieved payment form anequity based compensation and survey or study Compensation Study of Control payment? Participate in or receive payment from anequity based compensation analy or accrue any compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? Compensation or a neited organization: Participate in or receive payment from an equity based compensation pay or accrue any compensation committee	(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
Department Attach to Form 980. Department Department <t< th=""><td></td><td></td><td></td><td></td><td>20</td><td>LU</td><td>,</td></t<>					20	LU	,
Immed the organization ImpedDecision ImpedDecision NARLE INSTITUTE Employer identification number 91-1931649 Part I Questions Regarding Compensation Yes a Check the appropriate box(ss) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No B Check the appropriate box(ss) if the organization provided any relevant information regarding these items. Yes No First-class or charter travel Payments for business use of personal residence Impediate for companions Yes B Payments for business use of personal residence Impediate for companions Impediate for companions Impediate for companions B Payments for business use of personal residence Impediate for companions Impediate for companions Impediate for companions Check the appropriate box(sin of all of the expenses described above? If 'No,' complete Part III to explain Ib Ib Ib 2 Indicate which, if any, of the following the organization success the becked on line 1a? 2 Ib Ib 3 Indicate which, if any, of the following the organization succompensation	Depa	tment of the Treasury					
MARTE INSTITUTE 91-1931649 Part I Questions Regarding Compensation Yes ID Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, line 1.2, complete Part III to provide any relevant information regarding these items. Yes ID First-class or charter travel Pousing allowance or residence for personal use Discretionary spending account Payments for business use of personal residence Travel for companions Image: Section 2.1 ID Bern VII. Section A, line 1.2, obtice the approximation of all of the expenses described above? If No. ² complete Part III to explain. Ib ID Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a? Image: Section 2.2 ID Id the organization consultant Compensation of the corganization to establish compensation of the corganization to establish compensation committee Written employment contract Imicate which, if any, of the following the organization used to establish compensation committee Compensation computers in the CEO/Executive Director, but explain in Part III. Compensation commutee Written employment contract Compensation compensation complete form III to explain. Particitita in or receive paym	Intern	al Revenue Service			-		
Part I Questions Regarding Compensation Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Pert VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No In:First-basis or charter travel Personal section 20 or object to personal use personal personal use personal personal personal personal personal personal personal use personal personal use personal persona personal persona perso	Nam	e of the organization					mber
Image: Construction of the construction provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the second club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, cher) Items is a second club dues or initiation fees b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If No, 'complete Part III to explain in the completation require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, total writen employment contract 1b Compensation committee Wittine employment contract Compensation committee 2 b Uring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 2 b Participate in or receive payment from a supplemental nonqualified retirement plan? 4o X				91-1	93164	9	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Import Liss or charter travel Housing allowance or reliablence for personal use Travel for companions Payments for business use of personal residence Tax will for companions Payments for business use of personal residence Tax will for companions Payments for business use of personal residence Tax will for companions Payments for business use of personal residence Tax will for companions Payments for business use of personal residence Tax will for companions Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursament or provision of all of the expenses discured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 2 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 3 Indicate which, if any operson listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 3	Pa		s Regarding Compensation				
Part VII, Section A. line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison of Complete Part III to provide any relevant information regarding these items. Image: Tax indemnification and gross up payments Payments for business use of personal residence of residence for completion payment or reinbursement or provision of all of the expenses described above? If No, 'Complete Part III to explain 1b 2 Did the organization require substantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1 a? 2 3 Indicate which, if any, of the following the organization the tompensation of the organization to establish the compensation of the CEO/Executive Director, the all by a related organization to establish compensation committee 1b Compensation committee Compensation survey or study 2 Indicate which, if any, of the following the organization survey or study Compensation committee 2 Indicate which, if any, of the following the organization survey or study Compensation committee 2 Implement or provision and provide the applicable and unstructure of the organization to establish compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4a X Participate in or receive	4-		inte la colon de la compania de la companya de la c			Yes	No
First-class or charter travel Housing allowance or residence for personal use Travel for companions Health or social Lub dues or initiation fees Tax informations Health or social Lub dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses discreted by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 compensation requires ubstantiation prior to reimbursing or allowing express incurred by all directors, trustees, and officers, including the Organization used to establish the compensation of the organization to establish compensation or the CCO/Executive Director, but explain in Part III. 2 compensation committee Written employment contract 2 indicate which, if any, of the following the organization: X Approval by the board or compensation to establish the CCO/Executive Director, but explain in Part III. 2 compensation committee Written employment contract 2 2 lowing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or availed organization: 2 3 a Receive a sevenace payment from a supplemental nonqualified retirement plan? 4a X	та			1990,			
Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation ormittee 2 icco/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 indicate which, if any, of the following the organization used to establish the compensation committee 2 independent compensation consultant Compensation committee 2 independent compensation consultant Compensation committee 4 X Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X Participate in or receive payment from an equitybased compensation arrangement? 4a							
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If "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							X
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 9							
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 9	7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	8						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9							Х
Regulations section 53.4958-6(c)?	9						
				<u></u>	9		
	LHA					n 990) 2020

91-1931649

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't 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, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
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(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 11 **Open to Public** Inspection

MARIE INSTITUTE

Employer identification number 91-1931649

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH, TRAINING & CONSULTING IN DIALECTICAL BEH. THERAPY

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF THE 990 IS REVIEWED BY A BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD DETERMINES THE COMPENSATION BASED ON A REVIEW OF THE

QUALIFICATIONS AND COMPARABLE COMPENSATION IN OTHER ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE POLICIES AND FINANCIAL INFORMATION ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR RETAINED EARNINGS ADJ.

19601.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

29 2020.05000 MARIE INSTITUTE

SCH	IEDULE R
/	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number

91-1931649

Department of the Treasury Internal Revenue Service Name of the organization

MARIE INSTITUTE

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
BEHAVIORAL TECH, LLC - 75-3105374					
1107 NE 45TH ST., SUITE 230					
SEATTLE, WA 98105	SAME AS MARIE INSTITUTE	WASHINGTON			
	_				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part III Identification of Related O		e as a Partn	ership. Complete i	f the organi	zation answe	ered "Ye	es" on Forr	n 990, P	art IV, line	e 34, b	ecaus	91-1 e it had one or			- ugo -
(a) (a) Name, address, and EIN of related organization	artnership during the (b) Primary activity	tax year. (c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin (related, excluded fr	(e) nant income , unrelated, rom tax under s 512-514)	Share	(f) e of total come	Sha end-	g) are of of-year sets	(I Disprop alloca Yes		(i) Code V-UB amount in be 20 of Schedu K-1 (Form 10	l Ger DX ^{ma} Jle ^{pa}	naging artner?	(k) Percentage ownership
	-														
	-														
	-														
	-														
Part IV Identification of Related O organizations treated as a co				omplete if t	he organizat	ion answ	vered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	4, because it h	ad one	e or m	ore related
(a) Name, address, and l of related organization		Prim	(b) ary activity	(c) Legal domicile (state or foreign	(d) Direct con entity		(e) Type of (C corp, s or tru	entity S corp,	(f) Share o incol	of total		(g) Share of end-of-year assets	(h Percer owner	ntage	(i) Section 512(b)(13) controlled entity?
				country)				,				400010			Yes No

Schedule R (Form 990) 2020 MARIE INSTITUTE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 		1.00	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	10		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
I Performance of services or membership or fundraising solicitations for related organization(s)	11		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
_(4)			
(5)			
(6)			

Schedule R (Form 990) 2020 MARIE INSTITUTE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) !? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	ral or iging ner?	(k) Percentage ownership

Schedule R (Form 990) 2020

MARIE INSTITUTE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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	JO FAGE 10						990	_	_	-				
Asset No.	Description	Date Acquired	Method	Life	C o n v	ne Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES													
1	COMPUTER	10/31/97	200DB	5.00	HY17	2835.				2835.	2825.		0.	2825.
2	COMPUTER	11/14/97	200DB	5.00	HY17	2465.				2465.	2465.		0.	2465.
3	HP LASER PRINTER	09/30/97	200DB	5.00	HY17	737.				737.	737.		0.	737.
4	COMPAQ COMPUTER #3	02/07/98	200DB	5.00	HY17	1780.				1780.	1780.		0.	1780.
5	COMPAQ COMPUTER #4	03/25/98	200DB	5.00	HY17	1940.				1940.	1940.		0.	1940.
6	COMPUTER	05/27/98	200DB	5.00	HY17	2637.				2637.	2637.		0.	2637.
7	PRINTER	01/18/99	200DB	5.00	HY17	950.				950.	950.		0.	950.
8	COMPUTER	01/27/99	200DB	5.00	HY17	2313.				2313.	2313.		0.	2313.
9	WARRANTY	02/03/99	200DB	5.00	HY17	828.				828.	828.		0.	828.
10	LATITUDE CPIA NOTEBOOK	04/21/99	200DB	5.00	HY17	3131.				3131.	3131.		0.	3131.
11	TOWER WITH DIPALY	12/14/99	200DB	5.00	HY17	1626.				1626.	1626.		0.	1626.
12	START - UP COSTS	08/22/97		60M	HY43	1500.				1500.	1500.		0.	1500.
13	LEASEHOLD IMPROVEMENTS	09/04/99	SL	39.00	MM17	3937.				3937.	2049.		101.	2150.
14	NETWORK SERVER	01/20/99	200DB	5.00	HY17	10876.				10876.	10876.		0.	10876.
15	DESKS	10/31/97	200DB	7.00	HY17	601.				601.	593.		0.	593.
16	FURNITURE & FIXTURES	07/01/98	200DB	7.00	HY17	2583.				2583.	2583.		٥.	2583.
17	FURNITURE & FIXTURES	07/01/99	200DB	7.00	HY1'	1857.				1857.	1857.		0.	1857.

028111 04-01-20

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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	SO FAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	C Line o Line n No v	• Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	PHONE SYSTEM	08/31/99	200DB	7.00	HY17	11761.				11761.	11761.		0.	11761.
19	TRAINING EQUIPMENT	04/01/98	200DB	7.00	HY17	9984.				9984.	9984.		0.	9984.
20	TRAINING EQUIPMENT	07/01/99	200DB	7.00	HY17	7170.				7170.	7170.		0.	7170.
21	TRAINING EQUIPMENT	03/13/00	200DB	7.00	HY17	930.				930.	930.		0.	930.
22	NETWORK SERVER	04/26/00	200DB	5.00	HY17	1420.				1420.	1420.		٥.	1420.
23	COMPUTER EQUIPMENT	07/01/00	200DB	5.00	HY17	4914.				4914.	4914.		٥.	4914.
24	PROJECTOR	06/26/00	200DB	7.00	HY17	1936.				1936.	1936.		٥.	1936.
25	OFFICE WORKSTATION	10/14/00	200DB	7.00	HY17	521.				521.	521.		٥.	521.
26	COMPUTER EQUIPMENT	07/01/01	200DB	5.00	HY17	12816.				12816.	12816.		٥.	12816.
27	TRAINING EQUIPMENT	07/01/01	200DB	7.00	HY17	18856.				18856.	18856.		0.	18856.
28	TRAINING EQUIPMENT	07/01/02	200DB	7.00	HY17	6906.				6906.	6906.		٥.	6906.
29	COMPUTER EQUIPMENT	07/01/02	200DB	5.00	HY17	18534.				18534.	18534.		0.	18534.
30	OFFICE EQUIPMENT	07/01/03	200DB	5.00	HY17	14639.			7319.	7320.	7319.		٥.	7319.
31	TRAINING EQUIPMENT	07/01/03	200DB	7.00	HY17	1219.			610.	609.	608.		0.	608.
32	COMPUTER EQUIPMENT	07/01/03	200DB	5.00	HY17	2674.			1337.	1337.	1337.		0.	1337.
33	SOFTWARE LICENSING	07/01/03	200DB	3.00	HY17	5643.			2822.	2821.	2821.		0.	2821.
34	SAFE	05/05/05	200DB	7.00	HY17	720.				720.	720.		0.	720.
35	LAPTOP TECRA A2 & CASE	01/06/05	200DB	5.00	HY17	3203.				3203.	3203.		٥.	3203.

028111 04-01-20

(D) - Asset disposed

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

FORM 990 PAGE 10

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	FAGE 10						990	-						
Asset No.	Description	Date Acquired	Method	Life	C o n v	ne Unadjusted ^{lo.} Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	SONY VAIO NOTEBOOKS - 2	06/24/05	200DB	5.00	HY1	7 6040.				6040.	6040.		0.	6040.
37	PRINTER	12/20/05	200DB	5.00	HY1	7 218.				218.	218.		٥.	218.
38	SONY NOTEBOOK	12/20/05	200DB	5.00	нү1	7 3364.				3364.	3364.		0.	3364.
39	COMPUTER EQUIPMENT	08/01/05	200DB	5.00	HY1	7 12730.				12730.	12730.		0.	12730.
40	LCD PROJECTORS - 3	01/31/05	200DB	7.00	нү1	7 3217.				3217.	3217.		0.	3217.
41	LAVALIER WIRELESS SYSTEM	10/19/05	200DB	5.00	нү1	7 1991.				1991.	1991.		0.	1991.
42	DVD RECORDER	02/22/05	200DB	5.00	HY1	7 235.				235.	235.		0.	235.
43	LAPTOPS - 2	02/09/06	200DB	5.00	HY1	7 3176.				3176.	3176.		0.	3176.
44	PRINTERS/CABLES, ETC.	06/11/06	200DB	5.00	нү1	7 3547.				3547.	3547.		0.	3547.
45	DESKTOP COMPUTER & MONITOR	09/20/06	200DB	5.00	нү1	7 1535.				1535.	1535.		0.	1535.
46	TRAINING EQUIPMENT	08/15/06	200DB	7.00	нү1	7 12503.				12503.	12503.		0.	12503.
47	COMPUTER HARDWARE	07/01/07	200DB	5.00	нү1	7 11889.				11889.	11889.		0.	11889.
48	OFFICE EQUIPMENT	07/01/07	200DB	7.00	нү1	7 24623.				24623.	24623.		0.	24623.
49	TRAINING EQUIPMENT	07/01/07	200DB	7.00	нү1	7 1740.				1740.	1740.		٥.	1740.
50	TRAINING EQUIPMENT	07/01/08	200DB	7.00	HY1	7 2760.			1380.	1380.	1379.		0.	1379.
51	OFFICE EQUIPMENT	07/01/08	200DB	7.00	HY1	7 2411.			1206.	1205.	1205.		٥.	1205.
52	COMPUTER HARDWARE	07/01/08	200DB	5.00	нү1	7 8323.			4162.	4161.	4161.		٥.	4161.
53	TRAINING EQUIPMENT	10/14/09	200DB	7.00	HY1	7 770.				770.	770.		0.	770.

028111 04-01-20

(D) - Asset disposed

FORM 990 PAGE 10

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	JO PAGE IU					_	330	_	_	-				_
Asset No.	Description	Date Acquired	Method	Life	C o n v	ne Unadjusted ^{5.} Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
54	OFFICE EQUIPMENT	08/01/09	200DB	5.00	HY17	13440.				13440.	13440.		0.	13440.
55	COMPUTER - ACER LAPTOP	05/15/09	200DB	5.00	HY17	2747.				2747.	2747.		0.	2747.
56	COMPUTER - LAPTOP	08/25/09	200DB	5.00	HY17	1892.				1892.	1892.		0.	1892.
57	COMPUTER - DELL POWEREDGE	11/02/09	200DB	5.00	HY17	7117.				7117.	7117.		0.	7117.
58	COMPUTER HARDWARE	12/30/09	200DB	5.00	нү17	1116.				1116.	1116.		0.	1116.
59	TRAINING EQUIPMENT	09/15/10	200DB	5.00	HY17	1953.				1953.	1953.		0.	1953.
60	SOFTWARE LICENSING	05/01/10	200DB	3.00	нү17	8114.				8114.	8114.		0.	8114.
61	COMPUTER HARDWARE	08/15/10	200DB	5.00	HY17	8173.				8173.	8173.		0.	8173.
62	SOFTWARE LICENSING	07/01/11	200DB	3.00	HY17	1706.				1706.	1706.		٥.	1706.
63	TRAINING EQUIPMENT	11/08/11	200DB	5.00	HY17	663.				663.	663.		0.	663.
64	COMPUTER - 2 DELL LAPTOPS	08/24/11	200DB	5.00	HY17	4435.				4435.	4435.		0.	4435.
65	COMPUTER EQUIPMENT	07/01/11	200DB	5.00	HY17	3422.				3422.	3422.		0.	3422.
66	TRANING VIDEO PRODUTION COSTS	10/20/11		180M	HY43	5860.				5860.	3193.		391.	3584.
67	COMPUTER EQUIPMENT	07/01/12	200DB	5.00	HY17	4281.				4281.	4281.		0.	4281.
68	OFFICE EQUIPMENT	09/05/12	200DB	7.00	нү17	11999.				11999.	11999.		0.	11999.
69	LEASEHOLD IMPROVEMENTS	08/01/12	SL	39.00	MM11	4674.				4674.	885.		120.	1005.
70	SOFTWARE	07/01/12	200DB	3.00	нү17	1431.				1431.	1431.		٥.	1431.
71	SOFTWARE	05/21/13	200DB	3.00	HY17	1040.			520.	520.	520.		0.	520.

028111 04-01-20

(D) - Asset disposed

FORM 990 PAGE 10

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	JO INGE 10						550	_		_				
Asset No.	Description	Date Acquired	Method	Life	C Line o No. v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
72	WEB PAGE	07/01/14	200DB	3.00	HY17	25800.			12900.	12900.	12900.		0.	12900.
73	SOFTWARE	05/29/14	200DB	3.00	HY17	1150.			575.	575.	575.		0.	575.
74	OFFICE EQUIPMENT	09/03/14	200DB	7.00	HY17	2121.			1061.	1060.	918.		95.	1013.
75	COMPUTER EQUIPMENT	07/01/14	200DB	5.00	HY17	3956.			1978.	1978.	1978.		0.	1978.
76	WEB PAGE	07/01/15	200DB	3.00	HY17	29500.			14750.	14750.	14749.		٥.	14749.
77	WORKSTATIONS	08/11/15	200DB	5.00	HY17	32880.			16440.	16440.	15493.		947.	16440.
78	FURNITURE	07/01/15	200DB	7.00	HY17	24595.			12298.	12297.	9554.		1097.	10651.
79	LEASEHOLD IMPROVEMENTS	08/27/15	150DB	15.00	HY17	6255.			3128.	3127.	1178.		195.	1373.
80	COMPUTERS	07/01/15	200DB	5.00	HY17	5782.			2891.	2891.	2724.		167.	2891.
81	SOFTWARE	07/01/15	200DB	3.00	HY17	9000.			4500.	4500.	4499.		٥.	4499.
82	SOFTWARE	07/01/16	200DB	3.00	HY17	1972.			986.	986.	986.		٥.	986.
83	COMPUTERS - 2 DELL LATITUDES	07/01/16	200DB	5.00	HY17	4380.			2190.	2190.	1811.		252.	2063.
84	WEB PAGE	07/01/16	200DB	3.00	HY17	10000.			5000.	5000.	5000.		٥.	5000.
85	SOFTWARE	07/01/17	200DB	3.00	HY17	7584.			3792.	3792.	3512.		280.	3792.
86	COMPUTER HARDWARE	07/01/17	200DB	5.00	HY17	31580.			15790.	15790.	11243.		1819.	13062.
87	WEB PAGE	07/01/17	200DB	3.00	HY17	8650.			4325.	4325.	4005.		320.	4325.
88	SOFTWARE	07/01/18	200DB	3.00	HY17	3707.			3707.				0.	
89	COMPUTER HARDWARE	07/01/18	200DB	5.00	HY17	6805.			6805.				0.	

028111 04-01-20

(D) - Asset disposed

FORM 990 PAGE 10

990

	JO FAGE 10							990							_
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
90	LEASEHOLD IMPROVEMENTS	07/01/18	150DB	15.00	HY1	L7	8000.			8000.				0.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						575294.			140472.	434822.	414981.		5784.	420765.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						575294.			140472.	434822.	414981.		5784.	420765.
						T									
					_										

028111 04-01-20

(D) - Asset disposed

Form 4562
Department of the Treasury Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Attachment Sequence No. 179

Identifying number

L

OMB No. 1545-0172

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. 4 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 (a) Description of property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 11 Business income limitation. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	u complete Part I. 1040000 2590000
2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. 13 Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)	
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7 1 8 7 8 7 9 7 10 1 11 10 12 10 13 11 14 12 15 13 16 14 17 13	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)	
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Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)	
14 Special depreciation allowance for qualified property (other than listed property) placed in service during	
the tax year14	
15 Property subject to section 168(f)(1) election	
16 Other depreciation (including ACRS) 16	
Part III MACRS Depreciation (Don't include listed property. See instructions.)	
Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2020	5393
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	
Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System	<u>n</u>
(a) Classification of property (b) Month and year placed in service only - see instructions) (d) Recovery period (e) Convention (f) Method	(g) Depreciation deduction
19a 3-year property	
b 5-year property	
c 7-year property	
d 10-year property	
e 15-year property	
f 20-year property	
g 25-year property 25 yrs. S/L	
/ 27.5 yrs. MM S/L	
h Residential rental property / 27.5 yrs. MM S/L	
/ 39 yrs. MM S/L	
i Nonresidential real property / MM S/L	
Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System	em
20a Class life S/L	
b 12-year 12 yrs. S/L	
b 12-year 12 yrs. S/L c 30-year / 30 yrs. MM S/L	
b 12-year S/L c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) V V V	
b 12-year S/L c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) 21	
b 12-year S/L c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 21	5393
b 12-year S/L c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22	5393
b 12-year 12 yrs. S/L c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 21	5393

Form 4562 (2020)	MAR	IE INST	ITUT	Έ							91-	1931	649	Page 2
Part V Listed Proper entertainment,				her vehic	cles, cer	tain airc	raft, ar	nd propert	y used fo	or				
Note: For any 24b, columns	vehicle for w (a) through (c	hich you are us c) of Section A	sing the all of S	e standai Section B	rd milea , and So	ge rate o ection C	or dedu if app	ucting leas licable.	e expens	se, com	plete on	ly 24a,		
Section A -	 Depreciation 	on and Other	nforma	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for p	basseng	jer autor	nobiles.)	<u> </u>	
24a Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	<u> </u>	es 🗌	No	24b If "Y	es," is th	e evide	nce writt	en?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	ie of	(d) Cost or ther basis	(bu	(e) sis for depr siness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Elec	n 179
25 Special depreciation all			• •	• •			•	-		0.5				
used more than 50% in							<u></u>			25				
26 Property used more that	an 50% in a c	i	-i					i	. <u> </u>		. <u> </u>			
	: :	9	-										 	
	: :	9	-										<u> </u>	
	: :	9	6											
27 Property used 50% or le	ess in a quali	ified business	use:											
	: :	9	6						S/L -					
	: :	9	6						S/L -					
	: :	9	6						S/L ·					
28 Add amounts in column	n (h), lines 25	through 27. E	nter her	e and or	n line 21	, page 1				28				
29 Add amounts in column	n (i), line 26. E	Enter here and	on line	7, page	1							29		
to your employees, first ans 30 Total business/investment			(see if yo a) hicle	(an excer b) hicle		completi (c) (éhicle	ng this s (c Veh	i)		e)	s. (f Veh	
year (don't include commu		0					· ·							
31 Total commuting miles														
32 Total other personal (no		-												
driven		.,												
33 Total miles driven during	• •													
Add lines 30 through 32			N.		No.		No.	N.	No.	N	N	N		N -
34 Was the vehicle availab	•		Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
35 Was the vehicle used p														
than 5% owner or relate														
36 Is another vehicle availa	able for perso	onal												
use?				<u> </u>		<u> </u>	<u> </u>							
		- Questions f	-	-					-					
Answer these questions to more than 5% owners or re		•	kceptio	n to com	pleting	Section	B for v	ehicles us	ed by en	nployee	s who a ı	en't		
37 Do you maintain a writte	•		ohibits a	all perso	nal use (of vehicl	es, inc	luding cor	nmutina.	by you	r		Yes	No
•				•				0	5,					

	employees?	
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your	
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
39	Do you treat all use of vehicles by employees as personal use?	
40	Do you provide more than five vehicles to your employees, obtain information from your employees about	
	the use of the vehicles, and retain the information received?	
41	Do you meet the requirements concerning qualified automobile demonstration use?	
_	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	
F	Part VI Amortization	

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year
42 Amortization of costs that begins during your 2	2020 tax yea	ır:				
	: :					
43 Amortization of costs that began before your 2	2020 tax yea	r			43	391.
44 Total. Add amounts in column (f). See the inst	ructions for	where to report			44	391.
016252 12-18-20						Form 4562 (2020)

- CURRENT YEAR FEDERAL - MARIE INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
1	COMPUTER	10319	7200DB	5.00	17	2835.			2835.	2825.		0.
2	COMPUTER	11149	7200DB	5.00	17	2465.			2465.	2465.		0.
3	HP LASER PRINTER	09309	7200DB	5.00	17	737.			737.	737.		Ο.
4	COMPAQ COMPUTER #3	02079	8200DB	5.00	17	1780.			1780.	1780.		Ο.
5	COMPAQ COMPUTER #4	03259	8200DB	5.00	17	1940.			1940.	1940.		Ο.
6	COMPUTER	05279	8200DB	5.00	17	2637.			2637.	2637.		Ο.
7	PRINTER	01189	9200DB	5.00	17	950.			950.	950.		Ο.
8	COMPUTER	01279	9200DB	5.00	17	2313.			2313.	2313.		Ο.
		02039	9200DB	5.00	17	828.			828.	828.		Ο.
	LATITUDE CPIA NOTEBOOK	04219	9200DB	5.00	17	3131.			3131.	3131.		0.
11	TOWER WITH DIPALY	12149	9200DB	5.00	17	1626.			1626.	1626.		Ο.
		08229	7	60м	43	1500.			1500.	1500.		Ο.
	LEASEHOLD IMPROVEMENTS	09049	9SL	39.00	17	3937.			3937.	2049.		101.
14	NETWORK SERVER	01209	9200DB	5.00	17	10876.			10876.	10876.		0.
		10319	7200DB	7.00	17	601.			601.	593.		0.
16		07019	8200DB	7.00	17	2583.			2583.	2583.		0.
	FURNITURE & FIXTURES	07019	9200DB	7.00	17	1857.			1857.	1857.		0.

028102 04-01-20

(D) - Asset disposed

- CURRENT YEAR FEDERAL - MARIE INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	PHONE SYSTEM	083199	200DB	7.00	17	11761.			11761.	11761.		0.
19	TRAINING EQUIPMENT	040198	200DB	7.00	17	9984.			9984.	9984.		0.
20	TRAINING EQUIPMENT	070199	200DB	7.00	17	7170.			7170.	7170.		0.
21	TRAINING EQUIPMENT	031300	200DB	7.00	17	930.			930.	930.		0.
22	NETWORK SERVER	042600	200DB	5.00	17	1420.			1420.	1420.		0.
23	COMPUTER EQUIPMENT	070100	200DB	5.00	17	4914.			4914.	4914.		0.
24	PROJECTOR	062600	200DB	7.00	17	1936.			1936.	1936.		0.
25	OFFICE WORKSTATION	101400	200DB	7.00	17	521.			521.	521.		0.
26	COMPUTER EQUIPMENT	070101	200DB	5.00	17	12816.			12816.	12816.		0.
27	TRAINING EQUIPMENT	070101	200DB	7.00	17	18856.			18856.	18856.		0.
28	TRAINING EQUIPMENT	070102	200DB	7.00	17	6906.			6906.	6906.		0.
29	COMPUTER EQUIPMENT	070102	200DB	5.00	17	18534.			18534.	18534.		0.
30	OFFICE EQUIPMENT	070103	200DB	5.00	17	14639.		7319.	7320.	7319.		0.
31	TRAINING EQUIPMENT	070103	200DB	7.00	17	1219.		610.	609.	608.		0.
32	COMPUTER EQUIPMENT	070103	200DB	5.00	17	2674.		1337.	1337.	1337.		0.
33	SOFTWARE LICENSING	070103	200DB	3.00	17	5643.		2822.	2821.	2821.		0.
_		050505	200DB	7.00	17	720.			720.	720.		0.
	LAPTOP TECRA A2 & CASE	010605	200DB	5.00	17	3203.			3203.	3203.		0.

028102 04-01-20

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

MARIE INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	SONY VAIO NOTEBOOKS - 2	5 062405	200DB	5.00	17	6040.			6040.	6040.		0.
37	PRINTER	122005	200DB	5.00	17	218.			218.	218.		0.
38	SONY NOTEBOOK	122005	200DB	5.00	17	3364.			3364.	3364.		0.
39	COMPUTER EQUIPMENT	080105	200DB	5.00	17	12730.			12730.	12730.		0.
		013105	200DB	7.00	17	3217.			3217.	3217.		0.
	LAVALIER WIRELESS SYSTEM	101905	200DB	5.00	17	1991.			1991.	1991.		0.
42	DVD RECORDER	022205	200DB	5.00	17	235.			235.	235.		0.
		020906	200DB	5.00	17	3176.			3176.	3176.		0.
44		061106	200DB	5.00	17	3547.			3547.	3547.		0.
	DESKTOP COMPUTER & MONITOR	092006	200DB	5.00	17	1535.			1535.	1535.		0.
46	TRAINING EQUIPMENT	081506	200DB	7.00	17	12503.			12503.	12503.		0.
47	COMPUTER HARDWARE	070107	200DB	5.00	17	11889.			11889.	11889.		0.
48	OFFICE EQUIPMENT	070107	200DB	7.00	17	24623.			24623.	24623.		0.
49	TRAINING EQUIPMENT	070107	200DB	7.00	17	1740.			1740.	1740.		0.
50	TRAINING EQUIPMENT	070108	200DB	7.00	17	2760.		1380.	1380.	1379.		0.
51	OFFICE EQUIPMENT	070108	200DB	7.00	17	2411.		1206.	1205.	1205.		0.
52	COMPUTER HARDWARE	070108	200DB	5.00	17	8323.		4162.	4161.	4161.		0.
53	TRAINING EQUIPMENT	101409	200DB	7.00	17	770.			770.	770.		0.

028102 04-01-20

(D) - Asset disposed

- CURRENT YEAR FEDERAL - MARIE INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OFFICE EQUIPMENT COMPUTER - ACER	080109	200DB	5.00	17	13440.			13440.	13440.		0.
		051509	200DB	5.00	17	2747.			2747.	2747.		Ο.
		082509	200DB	5.00	17	1892.			1892.	1892.		0.
	COMPUTER – DELL POWEREDGE	110209	200DB	5.00	17	7117.			7117.	7117.		0.
58	COMPUTER HARDWARE	123009	200DB	5.00	17	1116.			1116.	1116.		0.
59	TRAINING EQUIPMENT	091510	200DB	5.00	17	1953.			1953.	1953.		0.
60	SOFTWARE LICENSING	050110	200DB	3.00	17	8114.			8114.	8114.		0.
61	COMPUTER HARDWARE	081510	200DB	5.00	17	8173.			8173.	8173.		0.
62	SOFTWARE LICENSING	070111	200DB	3.00	17	1706.			1706.	1706.		0.
	TRAINING EQUIPMENT	110811	200DB	5.00	17	663.			663.	663.		0.
	COMPUTER - 2 DELL LAPTOPS	082411	200DB	5.00	17	4435.			4435.	4435.		0.
		070111	200DB	5.00	17	3422.			3422.	3422.		0.
	TRANING VIDEO PRODUTION COSTS	102011		180M	43	5860.			5860.	3193.		391.
67	COMPUTER EQUIPMENT	070112	200DB	5.00	17	4281.			4281.	4281.		0.
		090512	200DB	7.00	17	11999.			11999.	11999.		0.
	LEASEHOLD IMPROVEMENTS	080112	SL	39.00	17	4674.			4674.	885.		120.
70	SOFTWARE	070112	200DB	3.00	17	1431.			1431.	1431.		0.
71	SOFTWARE	052113	200DB	3.00	17	1040.		520.	520.	520.		0.

028102 04-01-20

(D) - Asset disposed

- CURRENT YEAR FEDERAL - MARIE INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	WEB PAGE	070114	200DB	3.00	17	25800.		12900.	12900.	12900.		0.
73	SOFTWARE	052914	200DB	3.00	17	1150.		575.	575.	575.		0.
74	OFFICE EQUIPMENT	090314	200DB	7.00	17	2121.		1061.	1060.	918.		95.
75	COMPUTER EQUIPMENT	070114	200DB	5.00	17	3956.		1978.	1978.	1978.		0.
76	WEB PAGE	070115	200DB	3.00	17	29500.		14750.	14750.	14749.		0.
77	WORKSTATIONS	081115	200DB	5.00	17	32880.		16440.	16440.	15493.		947.
		070115	200DB	7.00	17	24595.		12298.	12297.	9554.		1097.
	LEASEHOLD IMPROVEMENTS	082715	150DB	15.00	17	6255.		3128.	3127.	1178.		195.
80	COMPUTERS	070115	200DB	5.00	17	5782.		2891.	2891.	2724.		167.
81	SOFTWARE	070115	200DB	3.00	17	9000.		4500.	4500.	4499.		0.
-	SOFTWARE	070116	200DB	3.00	17	1972.		986.	986.	986.		0.
	COMPUTERS - 2 DELL LATITUDES	070116	200DB	5.00	17	4380.		2190.	2190.	1811.		252.
84	WEB PAGE	070116	200DB	3.00	17	10000.		5000.	5000.	5000.		0.
85	SOFTWARE	070117	200DB	3.00	17	7584.		3792.	3792.	3512.		280.
86	COMPUTER HARDWARE	070117	200DB	5.00	17	31580.		15790.	15790.	11243.		1819.
87	WEB PAGE	070117	200DB	3.00	17	8650.		4325.	4325.	4005.		320.
88	SOFTWARE	070118	200DB	3.00	17	3707.		3707.				0.
89	COMPUTER HARDWARE	070118	200DB	5.00	17	6805.		6805.				0.

028102 04-01-20

(D) - Asset disposed

- CURRENT YEAR FEDERAL - MARIE INSTITUTE

Asset No.	Description	D Acc)ate quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
			0118	3150DB	15.00	17	8000.		8000.				0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						575294.		140472.	434822.	414981.		5784.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR						575294.		140472.	434822.	414981.		5784.

028102 04-01-20

- NEXT YEAR FEDERAL - MARIE INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	PROGRAM SERVICES								
	COMPUTER	103197			2835.		2835.	2825.	Ο.
	COMPUTER	111497	200DB	5.00	2465.		2465.	2465.	0.
	HP LASER PRINTER	093097			737.		737.	737.	0.
	COMPAQ COMPUTER #3	020798			1780.		1780.	1780.	0.
	COMPAQ COMPUTER #4	032598			1940.		1940.	1940.	0.
	COMPUTER	052798			2637.		2637.	2637.	0.
	PRINTER	011899			950.		950.	950.	0.
	COMPUTER	012799			2313.		2313.	2313.	0.
	WARRANTY	020399			828.		828.	828.	0.
	LATITUDE CPIA NOTEBOOK	042199			3131.		3131.	3131.	0.
	TOWER WITH DIPALY	121499			1626.		1626.	1626.	0.
	START - UP COSTS	082297		60M	1500.		1500.	1500.	0.
	LEASEHOLD IMPROVEMENTS	090499		39.00			3937.	2150.	101.
	NETWORK SERVER	012099			10876.		10876.	10876.	0.
	DESKS	103197			601.		601.	593.	0.
	FURNITURE & FIXTURES	070198			2583.		2583.	2583.	0.
	FURNITURE & FIXTURES	070199			1857.		1857.	1857.	0.
	PHONE SYSTEM	083199			11761.		11761.	11761.	0.
	TRAINING EQUIPMENT	040198			9984.		9984.	9984.	Ο.
	TRAINING EQUIPMENT	070199			7170.		7170.	7170.	0.
	TRAINING EQUIPMENT	031300			930.		930.	930.	Ο.
	NETWORK SERVER	042600			1420.		1420.	1420.	0.
	COMPUTER EQUIPMENT	070100			4914.		4914.	4914.	0.
	PROJECTOR	062600			1936.		1936.	1936.	0.
	OFFICE WORKSTATION	101400			521.		521.	521.	0.
	COMPUTER EQUIPMENT	070101			12816.		12816.	12816.	0.
	TRAINING EQUIPMENT	070101			18856.		18856.	18856.	Ο.
	TRAINING EQUIPMENT	070102			6906.		6906.	6906.	0.
	COMPUTER EQUIPMENT	070102			18534.		18534.	18534.	0.
	OFFICE EQUIPMENT	070103			14639.	7319.	7320.	7319.	0.
	TRAINING EQUIPMENT	070103			1219.	610.	609.	608.	0.
	COMPUTER EQUIPMENT	070103			2674.	1337.	1337.	1337.	0.
33	SOFTWARE LICENSING	070103	200DB	3.00	5643.	2822.	2821.	2821.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - MARIE INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
34	SAFE	050505			720.		720.	720.	0.
	LAPTOP TECRA A2 & CASE	010605			3203.		3203.	3203.	0.
	SONY VAIO NOTEBOOKS - 2	062405			6040.		6040.	6040.	0.
	PRINTER	122005			218.		218.	218.	0.
	SONY NOTEBOOK	122005			3364.		3364.	3364.	0.
	COMPUTER EQUIPMENT	080105			12730.		12730.	12730.	0.
	LCD PROJECTORS - 3	013105			3217.		3217.	3217.	0.
	LAVALIER WIRELESS SYSTEM	101905			1991.		1991.	1991.	0.
	DVD RECORDER	022205			235.		235.	235.	0.
	LAPTOPS - 2	020906			3176.		3176.	3176.	0.
	PRINTERS/CABLES, ETC.	061106			3547.		3547.	3547.	0.
	DESKTOP COMPUTER & MONITOR	092006			1535.		1535.	1535.	0.
	TRAINING EQUIPMENT	081506			12503.		12503.	12503.	0.
	COMPUTER HARDWARE	070107			11889.		11889.	11889.	0.
	OFFICE EQUIPMENT	070107			24623.		24623.	24623.	0.
	TRAINING EQUIPMENT	070107			1740.		1740.	1740.	0.
	TRAINING EQUIPMENT	070108			2760.	1380.	1380.	1379.	0.
	OFFICE EQUIPMENT	070108			2411.	1206.	1205.	1205.	0.
	COMPUTER HARDWARE	070108			8323.	4162.	4161.	4161.	0.
	TRAINING EQUIPMENT	101409			770.		770.	770.	0.
	OFFICE EQUIPMENT	080109			13440.		13440.	13440.	0.
	COMPUTER – ACER LAPTOP	051509			2747.		2747.	2747.	0.
	COMPUTER – LAPTOP	082509			1892.		1892.	1892.	0.
	COMPUTER - DELL POWEREDGE	110209			7117.		7117.	7117.	0.
	COMPUTER HARDWARE	123009			1116.		1116.	1116.	0.
	TRAINING EQUIPMENT	091510			1953.		1953.	1953.	0.
	SOFTWARE LICENSING	050110			8114.		8114.	8114.	0.
	COMPUTER HARDWARE	081510			8173.		8173.	8173.	0.
	SOFTWARE LICENSING	070111			1706.		1706.	1706.	0.
	TRAINING EQUIPMENT	110811			663.		663.	663.	0.
	COMPUTER – 2 DELL LAPTOPS	082411			4435.		4435.	4435.	0.
	COMPUTER EQUIPMENT	070111			3422.		3422.	3422.	0.
	TRANING VIDEO PRODUTION COSTS	102011		180M	5860.		5860.	3584.	391.
67	COMPUTER EQUIPMENT	070112	200DB	5.00	4281.		4281.	4281.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - MARIE INSTITUTE

Asset No.	Description	Date Acquii		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
68	OFFICE EQUIPMENT			200DB		11999.		11999.	11999.	0.
69	LEASEHOLD IMPROVEMENTS	0801	12	SL	39.00	4674.		4674.	1005.	120.
70				200DB		1431.		1431.	1431.	0.
				200DB		1040.	520.	520.	520.	Ο.
72	WEB PAGE	0701	14	200DB	3.00	25800.		12900.	12900.	0.
-				200DB		1150.		575.	575.	0.
				200DB		2121.	1061.	1060.	1013.	47.
	COMPUTER EQUIPMENT	0701	14	200DB	5.00	3956.	1978.	1978.	1978.	0.
	WEB PAGE	0701	15	200DB	3.00	29500.	14750.	14750.	14749.	0.
	WORKSTATIONS	0811	15	200DB	5.00	32880.		16440.	16440.	0.
78	FURNITURE	0701	15	200DB	7.00	24595.	12298.	12297.	10651.	1098.
	LEASEHOLD IMPROVEMENTS	0827	15	150DB	15.00			3127.	1373.	184.
				200DB		5782.	2891.	2891.	2891.	0.
				200DB		9000.		4500.	4499.	0.
				200DB		1972.	986.	986.	986.	0.
				200DB		4380.	2190.	2190.	2063.	126.
-				200DB		10000.	5000.	5000.	5000.	0.
				200DB		7584.	3792.	3792.	3792.	0.
				200DB		31580.	15790.	15790.	13062.	1819.
				200DB		8650.	4325.	4325.	4325.	0.
88				200DB		3707.	3707.			0.
				200DB		6805.	6805.			0.
90			18	150DB	15.00	8000.	8000.			0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES									
						575294.	140472.	434822.	420765.	3886.
	* GRAND TOTAL 990 PAGE 10 DEPR &									
	AMORT					575294.	140472.	434822.	420765.	3886.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpaye	r identification n	umber (TIN)							
print	MARIE INSTITUTE 91-19316										
File by the			91-1931649								
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 1107 NE 45TH ST., NO. 114										
instructions	City, town or post office, state, and ZIP code. For a feedback SEATTLE, WA 98105	oreign add	lress, see instructions.								
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1					
Applicat	Application Return Application										
Is For	s For Code Is For					Code					
Form 990 or Form 990-EZ 01 Form 990-T (corporation)						07					
Form 99											
Form 47											
Form 99	0-PF	Odd Form 4720 (other than individual) 04 Form 5227									
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99	D-T (trust other than above) STRIDE - RAJA	06	Form 8870			12					
 If this box 1 I re the 	equest an automatic 6-month extension of time until	Group Exe and atta	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2021 , to file	f this is fo all memb	r the whole grou ers the extension	on is for.					
	X calendar year 2020 or										
	tax year beginning	, an	d ending		·						
2 If t	he tax year entered in line 1 is for less than 12 months, c	check reas	on: Initial return	Final retur	'n						
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			0.					
any nonrefundable credits. See instructions. 3a \$											
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and											
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b											
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						0					
	ing EFTPS (Electronic Federal Tax Payment System). Se			30	\$	0.					
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-E	O for payment					
I HA	For Privacy Act and Paperwork Beduction Act Notice.	see instr	uctions.		Form 886	B (Rev 1-2020)					

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