

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

2020

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization or person subject to tax

Taxpayer identification number

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 applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1971369.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to 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 than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize 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 within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Holli Harris 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 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
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)

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARIE INSTITUTE Doing business as THE LINEHAN INSTITUTE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1107 NE 45TH ST. 114 City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98105 F Name and address of principal officer: HOLLI HARRIS SAME AS C ABOVE	D Employer identification number 91-1931649 E Telephone number 206-675-8588 G Gross receipts \$ 1971369. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ MARIEINSTITUTE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1998		M State of legal domicile: WA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO MAKE EFFECTIVE TREATMENTS AVAILABLE TO ALL INDIVIDUALS WITH SEVERE MENTAL DISORDERS THRU		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	68827.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3180700.	1970233.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20669.	1136.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3270196.	1971369.
14	Benefits paid to or for members (Part IX, column (A), line 4)	91586.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1142585.	1015108.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1274241.	979345.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2508412.	1994453.
19	Revenue less expenses. Subtract line 18 from line 12	761784.	-23084.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	793851.	869836.
22	Net assets or fund balances. Subtract line 21 from line 20	849615.	929083.
		-55764.	-59247.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer HOLLI HARRIS, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LOREN D. HOSTEK, CPA	Preparer's signature Date
	Firm's name ▶ LOREN D. HOSTEK, CPA Firm's address ▶ 526 YALE AVENUE NORTH STE A SEATTLE, WA 98109	Check if self-employed <input checked="" type="checkbox"/> PTIN P00938299 Firm's EIN ▶ Phone no. 206-623-9395

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: NONE

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1994453. including grants of \$) (Revenue \$ 1971369.) MAKING COMPASSIONATE & EFFECTIVE TREATMENTS AVAILABLE TO ALL INDIVIDUALS WITH COMPLEX, SEVERE MENTAL DISORDERS THROUGH RESEARCH, TRAINING AND CONSULTATIONS WITH PROFESSIONALS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1994453.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records **►**
STRIDE - RAJA KAPADIA - 206-675-8588
540 HOWARD ST. FLOOR 2, SAN FRANCISCO, CA 94015

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

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for HOLLIS HARRIS, ANDRE IVANOFF, ALAN FRUZETTI, and ELIZABETH BURNS.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							175213.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							175213.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	TRAINING & CONSULTATIO	Business Code				
			541900	1649575.	1649575.		
	b	PRODUCT INCOME	541900	320658.	320658.		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			1970233.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code				
			541900	1136.	1136.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d			1136.			
12	Total revenue. See instructions			1971369.	1971369.	0.	0.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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				
4 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)				
7 Other salaries and wages	913125.	913125.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17174.	17174.		
10 Payroll taxes	84809.	84809.		
11 Fees for services (nonemployees):				
a Management				
b Legal	69843.	69843.		
c Accounting	73718.	73718.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	90106.	90106.		
12 Advertising and promotion	26864.	26864.		
13 Office expenses	11515.	11515.		
14 Information technology	27769.	27769.		
15 Royalties				
16 Occupancy	89723.	89723.		
17 Travel	576.	576.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5784.	5784.		
23 Insurance	22302.	22302.		
24 Other expenses. Itemize expenses not covered 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 O.)				
a COST OF GOODS SOLD	475459.	475459.		
b DUES & SUBSCRIPTIONS	27367.	27367.		
c TELEPHONE	13401.	13401.		
d BAD DEBT	12243.	12243.		
e 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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	105291.	8	98374.
	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	10b 556811.	49166.	10c 43773.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		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 equal line 33)	793851.	16	869836.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	742970.	25	852501.
	26 Total liabilities. Add lines 17 through 25	849615.	26	929083.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	1000.	29	1000.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	-56764.	31	-60247.
	32 Total net assets or fund balances	-55764.	32	-59247.
33 Total liabilities and net assets/fund balances	793851.	33	869836.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1971369.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1994453.
3	Revenue less expenses. Subtract line 2 from line 1	3	-23084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-55764.
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	19601.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-59247.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MARIE INSTITUTE

Employer identification number

91-1931649

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3436835.	3742536.	3346386.	3147527.		13673284.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						13673284.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	3436835.	3742536.	3346386.	3147527.		13673284.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	38139.	50441.	108707.	20669.		217956.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3474974.	3792977.	3455093.	3168196.		13891240.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	98.43 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	98.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section 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.		
1		
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, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
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		

Section D. All Type III Supporting Organizations

	Yes	No
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		

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 year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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.			
2a			
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.			
2b			
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 .			
3a			
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.			
3b			

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

1 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	1a	
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 (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section 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 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **MARIE INSTITUTE** Employer identification number **91-1931649**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a 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.

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - 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 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
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 _____ %
- 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		600584.	556811.	43773.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43773.

Part VII Investments - Other Securities.

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 value
(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 value
(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 value
(1) DEPOSITS	14241.
(2) PRODUCT START UP COSTS (NET OF 754 AMORTIZATION)	42068.
(3) PREPAID OPERATING EXPENSES	22196.
(4) OTHER LIABILITY / DUE FROM	278.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	78783.

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.

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part 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.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ 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

Name of the organization **MARIE INSTITUTE** Employer identification number **91-1931649**

Part I Questions Regarding Compensation

	Yes	No
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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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 of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or 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:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
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	

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

Schedule J (Form 990) 2020

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.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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

2020

Open to Public
Inspection

Name of the organization

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:

A 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **MARIE INSTITUTE** Employer identification number **91-1931649**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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
1 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?		
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)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
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)	1n	
o Sharing of paid employees with related organization(s)	1o	
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 transaction thresholds.

(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)			

Part VII Supplemental Information

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

Area with horizontal lines for providing supplemental information.

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	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.		0.	2583.
17	FURNITURE & FIXTURES	07/01/99	200DB	7.00		HY17	1857.				1857.	1857.		0.	1857.

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
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.		0.	1420.
23	COMPUTER EQUIPMENT	07/01/00	200DB	5.00		HY17	4914.				4914.	4914.		0.	4914.
24	PROJECTOR	06/26/00	200DB	7.00		HY17	1936.				1936.	1936.		0.	1936.
25	OFFICE WORKSTATION	10/14/00	200DB	7.00		HY17	521.				521.	521.		0.	521.
26	COMPUTER EQUIPMENT	07/01/01	200DB	5.00		HY17	12816.				12816.	12816.		0.	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.		0.	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.		0.	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.		0.	3203.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
36	SONY VAIO NOTEBOOKS - 2	06/24/05	200DB	5.00		HY17	6040.				6040.	6040.		0.	6040.
37	PRINTER	12/20/05	200DB	5.00		HY17	218.				218.	218.		0.	218.
38	SONY NOTEBOOK	12/20/05	200DB	5.00		HY17	3364.				3364.	3364.		0.	3364.
39	COMPUTER EQUIPMENT	08/01/05	200DB	5.00		HY17	12730.				12730.	12730.		0.	12730.
40	LCD PROJECTORS - 3	01/31/05	200DB	7.00		HY17	3217.				3217.	3217.		0.	3217.
41	LAVALIER WIRELESS SYSTEM	10/19/05	200DB	5.00		HY17	1991.				1991.	1991.		0.	1991.
42	DVD RECORDER	02/22/05	200DB	5.00		HY17	235.				235.	235.		0.	235.
43	LAPTOPS - 2	02/09/06	200DB	5.00		HY17	3176.				3176.	3176.		0.	3176.
44	PRINTERS/CABLES, ETC.	06/11/06	200DB	5.00		HY17	3547.				3547.	3547.		0.	3547.
45	DESKTOP COMPUTER & MONITOR	09/20/06	200DB	5.00		HY17	1535.				1535.	1535.		0.	1535.
46	TRAINING EQUIPMENT	08/15/06	200DB	7.00		HY17	12503.				12503.	12503.		0.	12503.
47	COMPUTER HARDWARE	07/01/07	200DB	5.00		HY17	11889.				11889.	11889.		0.	11889.
48	OFFICE EQUIPMENT	07/01/07	200DB	7.00		HY17	24623.				24623.	24623.		0.	24623.
49	TRAINING EQUIPMENT	07/01/07	200DB	7.00		HY17	1740.				1740.	1740.		0.	1740.
50	TRAINING EQUIPMENT	07/01/08	200DB	7.00		HY17	2760.			1380.	1380.	1379.		0.	1379.
51	OFFICE EQUIPMENT	07/01/08	200DB	7.00		HY17	2411.			1206.	1205.	1205.		0.	1205.
52	COMPUTER HARDWARE	07/01/08	200DB	5.00		HY17	8323.			4162.	4161.	4161.		0.	4161.
53	TRAINING EQUIPMENT	10/14/09	200DB	7.00		HY17	770.				770.	770.		0.	770.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
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		HY17	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		HY17	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.		0.	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 PRODUCTION 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		HY17	11999.				11999.	11999.		0.	11999.
69	LEASEHOLD IMPROVEMENTS	08/01/12	SL	39.00		MM17	4674.				4674.	885.		120.	1005.
70	SOFTWARE	07/01/12	200DB	3.00		HY17	1431.				1431.	1431.		0.	1431.
71	SOFTWARE	05/21/13	200DB	3.00		HY17	1040.			520.	520.	520.		0.	520.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
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.		0.	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.		0.	4499.
82	SOFTWARE	07/01/16	200DB	3.00		HY17	1972.			986.	986.	986.		0.	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.		0.	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.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	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		HY17	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.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. 179

Name(s) shown on return MARIE INSTITUTE	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 91-1931649
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1040000.
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	2590000.
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. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
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	17	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 <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use 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	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5393.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 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.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:
43 Amortization of costs that began before your 2020 tax year 43 391.
44 Total. Add amounts in column (f). See the instructions for where to report 44 391.

2020 DEPRECIATION AND AMORTIZATION REPORT

- 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	103197	200DB	5.00	17	2835.			2835.	2825.		0.
2	COMPUTER	111497	200DB	5.00	17	2465.			2465.	2465.		0.
3	HP LASER PRINTER	093097	200DB	5.00	17	737.			737.	737.		0.
4	COMPAQ COMPUTER #3	020798	200DB	5.00	17	1780.			1780.	1780.		0.
5	COMPAQ COMPUTER #4	032598	200DB	5.00	17	1940.			1940.	1940.		0.
6	COMPUTER	052798	200DB	5.00	17	2637.			2637.	2637.		0.
7	PRINTER	011899	200DB	5.00	17	950.			950.	950.		0.
8	COMPUTER	012799	200DB	5.00	17	2313.			2313.	2313.		0.
9	WARRANTY	020399	200DB	5.00	17	828.			828.	828.		0.
10	LATITUDE CPIA NOTEBOOK	042199	200DB	5.00	17	3131.			3131.	3131.		0.
11	TOWER WITH DIPALY	121499	200DB	5.00	17	1626.			1626.	1626.		0.
12	START - UP COSTS	082297		60M	43	1500.			1500.	1500.		0.
13	LEASEHOLD IMPROVEMENTS	090499	SL	39.00	17	3937.			3937.	2049.		101.
14	NETWORK SERVER	012099	200DB	5.00	17	10876.			10876.	10876.		0.
15	DESKS	103197	200DB	7.00	17	601.			601.	593.		0.
16	FURNITURE & FIXTURES	070198	200DB	7.00	17	2583.			2583.	2583.		0.
17	FURNITURE & FIXTURES	070199	200DB	7.00	17	1857.			1857.	1857.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- 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.
34	SAFE	050505	200DB	7.00	17	720.			720.	720.		0.
35	LAPTOP TECRA A2 & CASE	010605	200DB	5.00	17	3203.			3203.	3203.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- 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
36	SONY VAIO NOTEBOOKS - 2	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.
40	LCD PROJECTORS - 3	013105	200DB	7.00	17	3217.			3217.	3217.		0.
41	LAVALIER WIRELESS SYSTEM	101905	200DB	5.00	17	1991.			1991.	1991.		0.
42	DVD RECORDER	022205	200DB	5.00	17	235.			235.	235.		0.
43	LAPTOPS - 2	020906	200DB	5.00	17	3176.			3176.	3176.		0.
44	PRINTERS/CABLES, ETC.	061106	200DB	5.00	17	3547.			3547.	3547.		0.
45	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.

2020 DEPRECIATION AND AMORTIZATION REPORT

- 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
54	OFFICE EQUIPMENT	080109	200DB	5.00	17	13440.			13440.	13440.		0.
	COMPUTER - ACER											
55	LAPTOP	051509	200DB	5.00	17	2747.			2747.	2747.		0.
	COMPUTER - LAPTOP											
56	COMPUTER - DELL	082509	200DB	5.00	17	1892.			1892.	1892.		0.
	COMPUTER - DELL											
57	POWEREDGE	110209	200DB	5.00	17	7117.			7117.	7117.		0.
	COMPUTER HARDWARE											
58	COMPUTER HARDWARE	123009	200DB	5.00	17	1116.			1116.	1116.		0.
	TRAINING EQUIPMENT											
59	TRAINING EQUIPMENT	091510	200DB	5.00	17	1953.			1953.	1953.		0.
	SOFTWARE LICENSING											
60	SOFTWARE LICENSING	050110	200DB	3.00	17	8114.			8114.	8114.		0.
	COMPUTER HARDWARE											
61	COMPUTER HARDWARE	081510	200DB	5.00	17	8173.			8173.	8173.		0.
	SOFTWARE LICENSING											
62	SOFTWARE LICENSING	070111	200DB	3.00	17	1706.			1706.	1706.		0.
	TRAINING EQUIPMENT											
63	TRAINING EQUIPMENT	110811	200DB	5.00	17	663.			663.	663.		0.
	COMPUTER - 2 DELL											
64	LAPTOPS	082411	200DB	5.00	17	4435.			4435.	4435.		0.
	COMPUTER EQUIPMENT											
65	COMPUTER EQUIPMENT	070111	200DB	5.00	17	3422.			3422.	3422.		0.
	TRANING VIDEO											
66	PRODUCTION COSTS	102011		180M	43	5860.			5860.	3193.		391.
	COMPUTER EQUIPMENT											
67	COMPUTER EQUIPMENT	070112	200DB	5.00	17	4281.			4281.	4281.		0.
	OFFICE EQUIPMENT											
68	OFFICE EQUIPMENT	090512	200DB	7.00	17	11999.			11999.	11999.		0.
	LEASEHOLD											
69	IMPROVEMENTS	080112	SL	39.00	17	4674.			4674.	885.		120.
	SOFTWARE											
70	SOFTWARE	070112	200DB	3.00	17	1431.			1431.	1431.		0.
	SOFTWARE											
71	SOFTWARE	052113	200DB	3.00	17	1040.		520.	520.	520.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- 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.
78	FURNITURE LEASEHOLD	070115	200DB	7.00	17	24595.		12298.	12297.	9554.		1097.
79	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.
82	SOFTWARE	070116	200DB	3.00	17	1972.		986.	986.	986.		0.
83	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.

2020 DEPRECIATION AND AMORTIZATION REPORT

- 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
90	LEASEHOLD IMPROVEMENTS	07/01/18	150DB	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.

2021 DEPRECIATION AND AMORTIZATION REPORT

- 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								
1	COMPUTER	10/31/97	200DB	5.00	2835.		2835.	2825.	0.
2	COMPUTER	11/14/97	200DB	5.00	2465.		2465.	2465.	0.
3	HP LASER PRINTER	09/30/97	200DB	5.00	737.		737.	737.	0.
4	COMPAQ COMPUTER #3	02/07/98	200DB	5.00	1780.		1780.	1780.	0.
5	COMPAQ COMPUTER #4	03/25/98	200DB	5.00	1940.		1940.	1940.	0.
6	COMPUTER	05/27/98	200DB	5.00	2637.		2637.	2637.	0.
7	PRINTER	01/18/99	200DB	5.00	950.		950.	950.	0.
8	COMPUTER	01/27/99	200DB	5.00	2313.		2313.	2313.	0.
9	WARRANTY	02/03/99	200DB	5.00	828.		828.	828.	0.
10	LATITUDE CIA NOTEBOOK	04/21/99	200DB	5.00	3131.		3131.	3131.	0.
11	TOWER WITH DIPALY	12/14/99	200DB	5.00	1626.		1626.	1626.	0.
12	START - UP COSTS	08/22/97		60M	1500.		1500.	1500.	0.
13	LEASEHOLD IMPROVEMENTS	09/04/99	SL	39.00	3937.		3937.	2150.	101.
14	NETWORK SERVER	01/20/99	200DB	5.00	10876.		10876.	10876.	0.
15	DESKS	10/31/97	200DB	7.00	601.		601.	593.	0.
16	FURNITURE & FIXTURES	07/01/98	200DB	7.00	2583.		2583.	2583.	0.
17	FURNITURE & FIXTURES	07/01/99	200DB	7.00	1857.		1857.	1857.	0.
18	PHONE SYSTEM	08/31/99	200DB	7.00	11761.		11761.	11761.	0.
19	TRAINING EQUIPMENT	04/01/98	200DB	7.00	9984.		9984.	9984.	0.
20	TRAINING EQUIPMENT	07/01/99	200DB	7.00	7170.		7170.	7170.	0.
21	TRAINING EQUIPMENT	03/13/00	200DB	7.00	930.		930.	930.	0.
22	NETWORK SERVER	04/26/00	200DB	5.00	1420.		1420.	1420.	0.
23	COMPUTER EQUIPMENT	07/01/00	200DB	5.00	4914.		4914.	4914.	0.
24	PROJECTOR	06/26/00	200DB	7.00	1936.		1936.	1936.	0.
25	OFFICE WORKSTATION	10/14/00	200DB	7.00	521.		521.	521.	0.
26	COMPUTER EQUIPMENT	07/01/01	200DB	5.00	12816.		12816.	12816.	0.
27	TRAINING EQUIPMENT	07/01/01	200DB	7.00	18856.		18856.	18856.	0.
28	TRAINING EQUIPMENT	07/01/02	200DB	7.00	6906.		6906.	6906.	0.
29	COMPUTER EQUIPMENT	07/01/02	200DB	5.00	18534.		18534.	18534.	0.
30	OFFICE EQUIPMENT	07/01/03	200DB	5.00	14639.	7319.	7320.	7319.	0.
31	TRAINING EQUIPMENT	07/01/03	200DB	7.00	1219.	610.	609.	608.	0.
32	COMPUTER EQUIPMENT	07/01/03	200DB	5.00	2674.	1337.	1337.	1337.	0.
33	SOFTWARE LICENSING	07/01/03	200DB	3.00	5643.	2822.	2821.	2821.	0.

(D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

- 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	200DB	7.00	720.		720.	720.	0.
35	LAPTOP TECRA A2 & CASE	010605	200DB	5.00	3203.		3203.	3203.	0.
36	SONY VAIO NOTEBOOKS - 2	062405	200DB	5.00	6040.		6040.	6040.	0.
37	PRINTER	122005	200DB	5.00	218.		218.	218.	0.
38	SONY NOTEBOOK	122005	200DB	5.00	3364.		3364.	3364.	0.
39	COMPUTER EQUIPMENT	080105	200DB	5.00	12730.		12730.	12730.	0.
40	LCD PROJECTORS - 3	013105	200DB	7.00	3217.		3217.	3217.	0.
41	LAVALIER WIRELESS SYSTEM	101905	200DB	5.00	1991.		1991.	1991.	0.
42	DVD RECORDER	022205	200DB	5.00	235.		235.	235.	0.
43	LAPTOPS - 2	020906	200DB	5.00	3176.		3176.	3176.	0.
44	PRINTERS/CABLES, ETC.	061106	200DB	5.00	3547.		3547.	3547.	0.
45	DESKTOP COMPUTER & MONITOR	092006	200DB	5.00	1535.		1535.	1535.	0.
46	TRAINING EQUIPMENT	081506	200DB	7.00	12503.		12503.	12503.	0.
47	COMPUTER HARDWARE	070107	200DB	5.00	11889.		11889.	11889.	0.
48	OFFICE EQUIPMENT	070107	200DB	7.00	24623.		24623.	24623.	0.
49	TRAINING EQUIPMENT	070107	200DB	7.00	1740.		1740.	1740.	0.
50	TRAINING EQUIPMENT	070108	200DB	7.00	2760.	1380.	1380.	1379.	0.
51	OFFICE EQUIPMENT	070108	200DB	7.00	2411.	1206.	1205.	1205.	0.
52	COMPUTER HARDWARE	070108	200DB	5.00	8323.	4162.	4161.	4161.	0.
53	TRAINING EQUIPMENT	101409	200DB	7.00	770.		770.	770.	0.
54	OFFICE EQUIPMENT	080109	200DB	5.00	13440.		13440.	13440.	0.
55	COMPUTER - ACER LAPTOP	051509	200DB	5.00	2747.		2747.	2747.	0.
56	COMPUTER - LAPTOP	082509	200DB	5.00	1892.		1892.	1892.	0.
57	COMPUTER - DELL POWEREDGE	110209	200DB	5.00	7117.		7117.	7117.	0.
58	COMPUTER HARDWARE	123009	200DB	5.00	1116.		1116.	1116.	0.
59	TRAINING EQUIPMENT	091510	200DB	5.00	1953.		1953.	1953.	0.
60	SOFTWARE LICENSING	050110	200DB	3.00	8114.		8114.	8114.	0.
61	COMPUTER HARDWARE	081510	200DB	5.00	8173.		8173.	8173.	0.
62	SOFTWARE LICENSING	070111	200DB	3.00	1706.		1706.	1706.	0.
63	TRAINING EQUIPMENT	110811	200DB	5.00	663.		663.	663.	0.
64	COMPUTER - 2 DELL LAPTOPS	082411	200DB	5.00	4435.		4435.	4435.	0.
65	COMPUTER EQUIPMENT	070111	200DB	5.00	3422.		3422.	3422.	0.
66	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

2021 DEPRECIATION AND AMORTIZATION REPORT

- 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
68	OFFICE EQUIPMENT	090512	200DB	7.00	11999.		11999.	11999.	0.
69	LEASEHOLD IMPROVEMENTS	080112	SL	39.00	4674.		4674.	1005.	120.
70	SOFTWARE	070112	200DB	3.00	1431.		1431.	1431.	0.
71	SOFTWARE	052113	200DB	3.00	1040.	520.	520.	520.	0.
72	WEB PAGE	070114	200DB	3.00	25800.	12900.	12900.	12900.	0.
73	SOFTWARE	052914	200DB	3.00	1150.	575.	575.	575.	0.
74	OFFICE EQUIPMENT	090314	200DB	7.00	2121.	1061.	1060.	1013.	47.
75	COMPUTER EQUIPMENT	070114	200DB	5.00	3956.	1978.	1978.	1978.	0.
76	WEB PAGE	070115	200DB	3.00	29500.	14750.	14750.	14749.	0.
77	WORKSTATIONS	081115	200DB	5.00	32880.	16440.	16440.	16440.	0.
78	FURNITURE	070115	200DB	7.00	24595.	12298.	12297.	10651.	1098.
79	LEASEHOLD IMPROVEMENTS	082715	150DB	15.00	6255.	3128.	3127.	1373.	184.
80	COMPUTERS	070115	200DB	5.00	5782.	2891.	2891.	2891.	0.
81	SOFTWARE	070115	200DB	3.00	9000.	4500.	4500.	4499.	0.
82	SOFTWARE	070116	200DB	3.00	1972.	986.	986.	986.	0.
83	COMPUTERS - 2 DELL LATITUDES	070116	200DB	5.00	4380.	2190.	2190.	2063.	126.
84	WEB PAGE	070116	200DB	3.00	10000.	5000.	5000.	5000.	0.
85	SOFTWARE	070117	200DB	3.00	7584.	3792.	3792.	3792.	0.
86	COMPUTER HARDWARE	070117	200DB	5.00	31580.	15790.	15790.	13062.	1819.
87	WEB PAGE	070117	200DB	3.00	8650.	4325.	4325.	4325.	0.
88	SOFTWARE	070118	200DB	3.00	3707.	3707.			0.
89	COMPUTER HARDWARE	070118	200DB	5.00	6805.	6805.			0.
90	LEASEHOLD IMPROVEMENTS	070118	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

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 print	Name of exempt organization or other filer, see instructions. MARIE INSTITUTE	Taxpayer identification number (TIN) 91-1931649
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1107 NE 45TH ST., NO. 114	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STRIDE - RAJA KAPADIA

- The books are in the care of ▶ **540 HOWARD ST. FLOOR 2 - SAN FRANCISCO, CA 94015**
Telephone No. ▶ **206-675-8588** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.