

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493122000434

2012

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

Open to Public

Check if application Charge or organization Charge Charge Check Charge		he 2012	calendar year, or tax year beginning 09-01-2012 , 2012, and ending 08-3	1-2013			Inspection
Number of midgeneat votation Part VIII. Internation	B Check	ıf applıca	ble C Name of organization ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY	1 1010		-	
Trumplated		_			36-25	15281	
Application pending Fig. Name and and read space of Chickson J. 1. 66092 Fig. Name and and read as of principal officer DR Apply AND DC (CAS SHAN) 1.7 A DEA/BOOK NOT CAS SHAN 1.1 A DEA/BOOK NOT CA				ııte			
F Name and address of principal officer DRAYMOND CROSSMAN TYN DEARRONN CHICAGO, IL. 60602 Tax-cascept status F S01(c)(3) S01(c)(-) Moderation Mode	☐ Amend	ded return			(312)	662-4	000
DR RAYMOND CROSSMAN TIN N DEARRORN CHICAGO, IL 60602	Applica	ation pend	ding		G Gross re	eceipts \$	33,319,827
Trace-exempt status			DR RAYMOND CROSSMAN	1		return	for ┌Yes ✔ No
Taxe-cempt slatus F 501(c)(3) € (insert no) € (4947(a)(1) or 527							
Website:	I Tax-e	exempt sta	atus				
### 1 Bneffy describe the organization's mission or most significant activities THE SCHOOL CONTINUES THE PIONEERING WORK OF THE FIRST COMMUNITY PSYCHOLOGIST ALFRED ADLER BY GRADUATING SOCIALLY RESPONSIBLE PRACTITIONERS, ENGAGING COMMUNITIES AND ADVANCING SOCIAL JUSTICE 2 Check this box	J Web	site: ►	WWW ADLER EDU	H(c)	roup exempt	ion nun	nber 🖶
1 Briefly describe the organization's mission or most significant activities THE SCHOOL CONTINUES THE PIONEERING WORK OF THE FIRST COMMUNITY PSYCHOLO GIST ALFRED ADLER BY GRADUATING SOCIALLY RESPONSIBLE PRACTITIONERS, ENGAGING COMMUNITIES AND ADVANCING SOCIAL JUSTICE	K Form o	of organiza	ation Corporation Trust Association Other ►	L Year o	f formation 19	63 M	State of legal domicile IL
THE SCHOOL CONTINUES THE PIONEERING WORK OF THE FIRST COMMUNITY PSYCHOLOGIST ALFRED ADLER BY GRADUATING SOCIALLY RESPONSIBLE PRACTITIONERS, ENGAGING COMMUNITIES AND ADVANCING SOCIAL JUSTICE 2 Check this box I 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)	Part	II S	ummary	•		•	
3 Number of voting members of the governing body (Part VI, line 1a) 3	ovemance	GRA JUST	DUATING SOCIALLY RESPONSIBLE PRACTITIONERS, ENGAGING CO TICE	MMUNITI	ES AND ADV	'ANCII	NG SOCIAL
Total number of volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business taxable income from Porn 990-T, line 34 Total unrelated business taxable income from Porn 990-T, line 34 Total volume (Part VIII, line 1h) Total volume (Part VIII, line 1h) Total volume (Part VIII, line 2g) Total volume (Part VIII, column (A), lines 3, 4, and 7d) Total volume (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total volume (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total volume (Part VIII, column (A), lines 1-2) Total volume and lines 8 through 11 (must equal Part VIII, column (A), lines 12) Total volume and similar amounts paid (Part IX, column (A), lines 1-3) Total volume (Part VIII, column (A), lines 1-3) Total volume (P							
Total number of volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business taxable income from Porn 990-T, line 34 Total unrelated business taxable income from Porn 990-T, line 34 Total volume (Part VIII, line 1h) Total volume (Part VIII, line 2h) Total volume (Part VIII, line 2h) Total volume (Part VIII, column (A), lines 3, 4, and 7d) Total volume (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total volume (Part VIII, column (A), lines 1-3) Total volume (Part VIII, column (A), lines 1-2) Total volume and similar amounts paid (Part IX, column (A), lines 1-3) Total volume (Part VIII, column (A), lines 1-3) Total volume (Part IX, column (A), lines 1-5) Total volume (Part IX, column (A), lines 1-5) Total volume (Part IX, column (A), lines 1-3) Total volume (Part IX, co	Ses					_	18
Total number of volunteers (estimate in necessary) Total number of volunteers (es						<u> </u>	426
Ta Total unrelated business revenue from Part VIII, column (C), line 12	ફ					18	
Prior Year Current Year						7a	C
8 Contributions and grants (Part VIII, line 1h)		b Net u	unrelated business taxable income from Form 990-T, line 34			7b	0
9 Program service revenue (Part VIII, line 2g)				Р	rior Year		Current Year
11							1,139,034
11	en						30,453,845
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ž 1				79,5		206,657 18,262
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 268,685 655 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,243,503 20,050 16a Professional fundraising fees (Part IX, column (A), line 11e) 27,600 129 15 Total fundraising expenses (Part IX, column (D), line 25) 1,037,990 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,245,335 10,437 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 28,785,123 31,272 19 Revenue less expenses Subtract line 18 from line 12 1,447,873 545 19 Revenue less expenses Subtract line 18 from line 12 16,977,959 17,058 20 Total assets (Part X, line 16)		2 To	tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e	30,232,996		31,817,798
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	1				268,6	85	655,362
18,243,503 20,050 16a Professional fundraising fees (Part IX, column (A), line 11e) 27,600 129 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,037,990 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,245,335 10,437 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 28,785,123 31,272 19 Revenue less expenses Subtract line 18 from line 12 1,447,873 545 20 Total assets (Part X, line 16) 16,977,959 17,058 21 Total liabilities (Part X, line 26) 9,614,874 9,151 22 Net assets or fund balances Subtract line 21 from line 20 7,363,085 7,906 Part II Signature Block	1	. 4 Be	nefits paid to or for members (Part IX, column (A), line 4)			0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	§ 1				18,243,5	503	20,050,137
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>₹</u> 1			.	27,600		129,648
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12					10 245 1	25	10 427 516
19 Revenue less expenses Subtract line 18 from line 12							31,272,663
Beginning of Current Year 20 Total assets (Part X, line 16)							545,135
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	-			_	ning of Curre	ng of Current End of	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	32 2	20 To	tal assets (Part X, line 16)		16,977,9	59	17,058,279
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	2			•			9,151,428
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes					7,363,0	85	7,906,851
préparer has any knowledge	Under p my knov	enalties wledge a	s of perjury, I declare that I have examined this return, including accompar and belief, it is true, correct, and complete Declaration of preparer (other t				
****** Signature of officer Date		186.					
Sign Here JEFFREY GREEN VP OF FINANCE AND TECHNOLOGY Type or print name and title			DEFFREY GREEN VP OF FINANCE AND TECHNOLOGY		Date		
Print/Type preparer's name Preparer's signature Date Check if PTIN Nicole Bencik P00756195		<u> </u>	Print/Type preparer's name Preparer's signature [195
Firm's name CROWE HORWATH LLP Firm's EIN		aror	Firm's name ► CROWE HORWATH LLP				
Preparer Use Only Firm's address ► 70 West Madison Street Suite 700 Chicago, IL 606024903 Phone no (312) 899-7000			Suite 700		Phone no (312) 899-70	000

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

Par		Statement of Program Check if Schedule O contains			I	
1	Briefly	describe the organization's m	ISSION			
ADV SER	ANCINO VICES, F	PROFESSIONAL PSYCHOL	OGICAL PRACTICE ONS, ANTICIPATIN	E IT PROVIDES QUA NG AND RESPONDIN	F HIGHER EDUCATION COM LITY PROFESSIONAL EDUCA G TO THE CONSTANT AND C ETY	ATION, COMMUNITY
2		organization undertake any s or Form 990 or 990-EZ?			r which were not listed on	
	If "Yes	" describe these new services	on Schedule O			
3		organization cease conductirs?				
	If "Yes	" describe these changes on S	Schedule O			
4	expens		1(c)(4) organizations	s are required to repo	nree largest program services, rt the amount of grants and allo	
4a	(Code) (Expenses s	23,768,407	ıncludıng grants of \$	655,362) (Revenue \$	30,472,107)
	MISSIO ADVANO	N IS TO CONTINUE THE PIONEERING	WORK OF ALFRED ADLE	R BY GRADUATING SOCIAL	ROUGH A SCHOLAR/PRACTITIONER MG LY RESPONSIBLE PRACTITIONERS, EN LLING MORE THAN 1,200 STUDENTS A	IGAGING COMMUNITIES, AND
4b	(Code) (Expenses s	<u> </u>	ıncludıng grants of \$) (Revenue \$)
7.0	(0000	, (=po	•	menaumy grante er v	, (eveae ¢	,
4 c	(Code) (Expenses	,	including grants of \$) (Revenue \$)
4d		program services (Describe i nses \$	n Schedule O) including grants o	f \$) (Revenue \$)
4e	Total	program service expenses 🕨	23,768,407			

	Part IV	Checklist o	f Required	Schedules
--	---------	-------------	------------	-----------

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	i		
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Pali				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 114		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		ĺ
•	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ <u>CA</u>			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business heldings at any time during the year?			
_	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	ļ		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		1

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Rody and Management

	etion A. Governing body and Hanagement					
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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 in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18			
_	·			1		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the oi	rganız	ation's assets? .	5		 No
6	Did the organization have members or stockholders?	•		6		No
	Did the organization have members, stockholders, or other persons who had the pow		oloct or appoint one or	Ť		
	more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		N o
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule	who c	annot be reached at the	9		No No
	organization's maining address? It less, provide the hames and addresses in Schedule			, ,		140
	Alian B. Ballistan (This Caption B. proposate information about a distance			\		- \
Se	ection B. Policies (This Section B requests information about policies not	requi		Reveni		
			ired by the Internal F	Reveni	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?		ired by the Internal F	10a		
10a			ired by the Internal F s of such chapters,		Yes	
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act	ıvıtıes on's e	ired by the Internal F s of such chapters, exempt purposes?	10a 10b	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	ıvıtıes on's e	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov	ired by the Internal F	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov	ired by the Internal F	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form 50 the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	ivities on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	ivities on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	ivities on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing or some seriests that could give olicy? If "Yes," describe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	ivities on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing or some seriests that could give olicy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	ivities on's e s gov form 9 ivities the p	s of such chapters, exempt purposes? erning body before filing or serests that could give olicy? If "Yes," describe olicy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 ily inte the p	s of such chapters, exempt purposes? erning body before filing or serests that could give or serests that could give or serests. If "Yes," describe or serests that could give or serests that give or serests that could give or serests that g	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 ly inte the p lew ar	s of such chapters, exempt purposes? erning body before filing on the series of the se	10a 10b 11a 12a 12b 12c 13	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 ly inte the p lew ar	s of such chapters, exempt purposes? erning body before filing on the series of the se	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 ivities the p iew ar e deli	s of such chapters, exempt purposes? erning body before filing or some series that could give or solicy? If "Yes," describe or solicy?	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 ivities the p iew ar ie deli	s of such chapters, exempt purposes? erning body before filing of the series of the se	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 ivities the p iew ar ie deli	sof such chapters, exempt purposes? erning body before filing on the series of the ser	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 ily inte the p iew ar ie deli or sim	sof such chapters, exempt purposes? erning body before filing on the could give on the could give of t	10a 10b 11a 12a 12b 12c 13 14	Yes	No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►IL
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DR RAY CROSSMAN 17 N DEARBORN CHICAGO, IL (312)201-5900

Form	990	(2012
------	-----	-------

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

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

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

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

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

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

	1	(2)								
(A) Name and Title	(B) A verage hours per week (list any hours for related	age Position (do not check per more than one box, unless (list person is both an officer ours and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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	more t	tion (han d n is	one I both	box, an	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	c	(F) Estima mount of ompens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate organiza	ed
1b	Sub-Total			•	-			▶ -					
c d	Total from continuation sheet Total (add lines 1b and 1c) .	s to Part VII, S	ection A	۱. 	٠.	٠.		•	2,536,223	(0		375,553
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an	•		
												Yes	No
3	Did the organization list any f ood on line 1a? <i>If</i> " <i>Yes," complete S</i>					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lin- organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization											ax year	

(A) (B)							
Name and business address	Description of services	Compensation					
PLATFORM ADVERTISING 3425 MOMENTUM PLACE CHICAGO IL 60689	ADVERTISING SRVCS	805,823					
CARDMEMBER SERVICES PO BOX 15298 WILMINGTON DE 198505298	CC PROCESSING/SRVS	691,036					
KATHY SCHAEFFER & ASSOCIATES 17 NORTH STATE STREET STE 1690 CHICAGO IL 60602	PUBLIC RELATIONS	186,394					
ABM SECURITY SERVICES PO BOX 743252 LOS ANGELES CA 90074	SECURITY SERVICES	141,916					
HOLLAND AND KNIGHT LLP 213 W INSTITUTE PLACE CHICAGO IL 60610	LEGAL	136,424					
Total combined for decorate and only or the state of the	- V do						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►7

Part V	1111	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII									
		Check in Scheduk	o contains a respon	se to thy question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514			
u L	1a	Federated campa	ıgns 1a								
ant	ь	Membership dues	s 1b								
Ę, G	С	Fundraising even	ts 1c	0							
iifts ar 4	d	Related organiza	tions 1d								
s, G mil	е	Government grants (contributions) 1e	233,083							
ijon r Si	f	All other contributions	s, gifts, grants, and 1f	905,951			-				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution									
ig C		1a-1f \$ Total. Add lines :	15 16		1,139,034						
ರ ಹ	h	Total. Add lilles .	14-11		1,133,034						
e E	2a	TUITION & FEES		Business Code 900099	29,830,487	29,830,487					
ever	ь	CONTRACTS AND SP	ONSORED	900099	288,242	288,242					
е. Н	c	ACTIVITIES ADLER COMMUNITY	HEALTH SERVICES	541900	188,984	188,984					
er er	d	OTHER REVENUE		900099	146,132	146,132					
S ⊆	e				0						
Program Serwce Revenue	f	All other program	service revenue		0	0	0	0			
左	g	Total. Add lines 2	2a-2f		30,453,845						
	3		ne (including dividend amounts)		43,037			43,037			
	4		nent of tax-exempt bond p		0						
	5	Royalties			0						
	6a	Gross rents	(ı) Real 18,262	(II) Personal							
	ь	Less rental	·								
	С	expenses Rental income or (loss)	18,262	0							
	d	` ′ _	e or (loss)		18,262			18,262			
		. [(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other than inventory	1,665,649								
	ь	Less cost or other basis and	1,502,029								
	c	sales expenses Gain or (loss)	163,620	0							
	d	Net gain or (loss)		163,620			163,620			
venue	8a	events (not inclu	=								
Other Revenue	h	See Part IV, line	а								
₹	c b	Less direct expe Net income or (lo	enses b ess) from fundraising (events 🛌	0						
,	9a	Gross income fro See Part IV, line	m gaming activities 19								
	ь	Less direct expe	ŀ								
	С		ss) from gaming actives.	/ities 	0						
	10a	Gross sales of in returns and allow									
	ь	Less cost of goo	-								
	С		ss) from sales of inve		0						
	11a	Miscellaneous I	Revenue	Business Code	0						
	ь				0						
	c				0						
	d	All other revenue			0	0	0	0			
	е	Total. Add lines :	11a-11d	🕨	0						
	12	Total revenue. Se	ee Instructions		31,817,798	30,453,845	0	224,919			

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 to any question in this Pa	rt IX		<u></u>	<u>Г_</u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,120	8,120		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	621,242	621,242		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	26,000	26,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,351,076	1,420,274	754,180	176,622
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	14,284,799	11,491,077	2,525,198	268,524
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	775,978	616,559	127,823	31,596
9	Other employee benefits	1,662,949	1,343,843	278,602	40,504
10	Payroll taxes	975,335	784,652	162,672	28,011
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	158,001	129,561	26,860	1,580
c	Accounting	97,322	79,804	16,545	973
d	Lobbying	68,250			68,250
e	Professional fundraising services See Part IV, line 17	129,648			129,648
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	353,882	290,183	60,160	3,539
12	Advertising and promotion	1,786,204	1,756,151	0	30,053
13	Office expenses	1,166,623	637,134	522,450	7,039
14	Information technology	196,240	103,106	84,547	8,587
15	Royalties	0		- 1,2	
16	Occupancy	2,150,832	1,750,834	362,978	37,020
17	Travel	581,398	313,028	256,683	11,687
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	910,020	255,555	11,00.
19	Conferences, conventions, and meetings	91,479	50,263	41,216	
20	Interest	217,245	178,141	36,932	2,172
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	955,314	783,358	162,403	9,553
23	Insurance	115,166	94,469	19,545	1,152
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SHIPPING	279,269	150,958	123,786	4,525
b	CATERING	79,343	39,496	32,387	7,460
c	SPEAKER FEES	61,833	28,176	23,105	10,552
d	SUPPLIES	293,299	158,923	130,317	4,059
e	All other expenses	1,785,816	913,055	717,877	154,884
25	Total functional expenses. Add lines 1 through 24e	31,272,663	23,768,407	6,466,266	1,037,990
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)	0			

Part X Balance Sheet

·	T X	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	974	1	8,706
	2	Savings and temporary cash investments	4,900,954	2	3,940,257
	3	Pledges and grants receivable, net	187,977	3	560,130
	4	Accounts receivable, net	926,718	4	636,040
	5	Loans and other receivables from current and former officers, directors, trustees, keep employees, and highest compensated employees. Complete Part II of Schedule L	еу	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiar organizations (see instructions) Complete Part II of Schedule L	rs	_	0
Š.	7	Notes and loans receivable, net	0	- -	
Ą	8	Inventories for sale or use	0	-	
	9		504,940	└ Ŭ	827,351
	10a	Prepaid expenses and deferred charges		9	027,001
	ь	Less accumulated depreciation 10b 3,597,	 387 9,102,548	100	8,472,475
	11	Investments—publicly traded securities	1,343,541		1,592,896
	12	Investments—other securities See Part IV, line 11	1,545,541		503,321
	13	Investments—program-related See Part IV, line 11	0		0
	14	· ·	0		
		Intangible assets	10,307		517,103
	15	Other assets See Part IV, line 11	16,977,959		17,058,279
	16	Total assets. Add lines 1 through 15 (must equal line 34)			
	17	Accounts payable and accrued expenses	1,460,281	 	835,006
	18	Grants payable	2 007 105		2 567 222
	19	Deferred revenue	2,007,105	 	2,567,333
	20	Tax-exempt bond liabilities	3,997,501		3,406,274
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
區		persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	802,078		689,441
	24	Unsecured notes and loans payable to unrelated third parties	0	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	1,347,909	25	1,653,374
	26	D	9,614,874	-	9,151,428
	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	0,014,074	20	0,101,420
ĕ	27	Unrestricted net assets	7,309,495	27	7,724,860
Fund Balance	28	Temporarily restricted net assets	48,587	28	176,988
<u> </u>	29	Permanently restricted net assets	5,003		5,003
Ĕ	23	·	0,000	29	
正		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
45.5	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	7,363,085		7,906,851
ź	34	Total liabilities and net assets/fund balances	16,977,959	\vdash	17,058,279
		. stat. nasmities and net assets/fund buildines	10,917,909	34	11,000,219

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	,		31.8	317,798
2	Total expenses (must equal Part IX, column (A), line 25)				
,	Devenue less expenses Cubbrach line 2 from line 1	2		31,2	272,663
3	Revenue less expenses Subtract line 2 from line 1	3		5	545,135
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	4		/,:	863,085
3	Net unrealized gams (losses) on investments	5			-1,369
6	Donated services and use of facilities	_			
7	Investment expenses	6			
,		7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
•		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7,9	06,851
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired	3b	Yes	

Software ID: 12000266 **Software Version:** v2012.1.0

EIN: 36-2515281

Name: ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	onot one on i er an trust	box s bo d a tee)	th		(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	
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
DR RAYMOND CROSSMAN PRESIDENT & BOARD MEMBER	40 00	х		x				604,114	0	52,609	
AUDREY PEEPLES BOARD MEMBER	5 00	х						0	0	0	
BERNARD SCHULMAN BOARD MEMBER	5 00	х						0	0	0	
BETSY BRILL BOARD MEMBER	5 00	х						0	0	0	
DAVID KREISCHER BOARD MEMBER	5 00	х						0	0	0	
DAVID SINSKI BOARD CHAIR	5 00	х						0	0	0	
DOUG HARRIS BOARD MEMBER	5 00	х						0	0	0	
ERIC WARNER BOARD MEMBER	5 00	х						0	0	0	
GRACE HOU BOARD MEMBER	5 00	х						0	0	0	
HAROLD MOSAK BOARD MEMBER	10 00	х						75,750	0	6,818	
JANET CAMPBELL BOARD MEMBER	5 00	х						0	0	0	
JAVIER UBARRI BOARD MEMBER	5 00	х						0	0	0	
JIM HOULIHAN BOARD MEMBER	5 00	х						0	0	0	
JOY MACPHAIL BOARD MEMBER	5 00	х						0	0	0	
JUAN SALGADO BOARD MEMBER	5 00	х						0	0	0	
LINDSAY SETZER BOARD MEMBER	5 00	х						0	0	0	
MICHAEL GELLER BOARD MEMBER	5 00	х						0	0	0	
RALPH DEWITT BOARD MEMBER	5 00	х						0	0	0	
RENEE CITERA BOARD MEMBER	5 00	х						0	0	0	
SID MOHN BOARD MEMBER	5 00	х						0	0	0	
VICKI CHOU BOARD VICE-CHAIR	5 00	х						0	0	0	
WILLA TAYLOR BOARD MEMBER	5 00	х						0	0	0	
WILLIAM GREAVES BOARD MEMBER	5 00	х						0	0	0	
JEFF GREEN VP OF FINANCE & TECHNOLOGY	40 00			х				242,640	0	31,338	
JO BETH CUP VP OF ADMINISTRATION	40 00			х				199,228	0	40,684	

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

(A) Name and Title	(B) Average hours per week (list		than	not one son i er an	box s bot d a	,		(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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
MARTHA CASAZZA VP ACADEMIC AFFAIRS	40 00			х				217,460	0	19,012
ANTHONY CHIMERA VP OF DEVELOPMENT	40 00				х			186,631	0	39,807
LYNN TODMAN DIR, INST ON SOCIAL EXCLUSION	40 00				х			170,575	0	11,311
WENDY PASZKIEWICZ ASSOC VP OF ACADEMIC AFFAIRS	40 00				х			155,416	0	31,056
CRAIG HINES DIRECTOR OF ADMISSIONS	40 00					х		155,586	0	20,927
DAVID KATZ PROGRAM CHAIR	40 00					х		138,928	0	7,469
ELIDA CHRISTINA COX CORE FACULTY	40 00					х		122,882	0	25,627
ELINOR HITE AVP OF HR	40 00					х		140,582	0	60,925
MARK BRANSON AVP OF MARKETING	40 00					х		126,431	0	27,970

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493122000434

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

	36-2515281										
Pai				blic Charity Sta						instruction	ıs.
The o	rganı	zation is	not a privat	te foundation becaus	eitis (For	lınes 1 thro	ugh 11, ched	k only one	box)		
1			•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	고	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	ttach Sched	dule E)				
3		A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	on 170(b)(1)(A)(iii).		
4	Г			h organization operat	ted in conjun	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	. Enter the
5	_			ty, and state erated for the benefi	t of a callage		itu oumad or	anaratad bu	4 2 GOVORDEO	ntal unit da	- aribad in
3	ı	_	<u>.</u>	(A)(iv). (Complete P	_	e or univers	ity owned of	operated by	a governine	iitai uiiit ue:	scribed III
•	_				•	tal unit daa	ambadın səsə	Lian 170(b)	(1)(4)()		
6	<u> </u>			local government or							
7 8	' -	describ	oed in sectio	at normally receives on 170(b)(1)(A)(vi). described in sectior	(Complete F	Part II)		•	nental unit or	from the ge	neral public
9	Ė		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
				ities related to its ex							
				oss investment inco							
		acquire	ed by the org	ganızatıon after June	30,1975 S	See section	509(a)(2).(Complete P	art III)		
10	Γ	An org	anızatıon or	ganized and operated	dexclusively	to test for	public safet	See secti	on 509(a)(4)		
11	Γ	An org	anızatıon or	ganized and operated	dexclusively	for the ber	nefit of, to pe	rform the fu	nctions of, oi	to carry ou	t the purposes of
				ly supported organiz						See section	509(a)(3). Check
				bes the type of supp b Type II c						Non function	anlly intograted
_	_		· · ·	ox, I certify that the			-				
е	,	othert	_	on managers and ot	_			•			•
f				received a written de	etermination	from the I	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppo	rtıng organızatıon,
			this box		_						Г
g			August 17, 2 ng persons?	2006, has the organi	zation acce	pted any gif	t or contribu	tion from an	y of the		
				rectly or indirectly o	ontrols, eith	ner alone or	together wit	h persons d	escribed in (п)	Yes No
				governing body of th				•	•		lg(i)
				er of a person descri		_					g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?				g(iii)
h		Provide	e the followi	ng information about	the support	ed organiza	tıon(s)				
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) I	s the	(vii) A mount of
	uppor			organization	organizat		the organ		organiza		monetary
ог	ganiza	ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) suppo		col (i) or in the		support
				or IRC section	docume		Зарр	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"" ""	0 5 .	
				(see		-					
				instructions))	Yes	No	Yes	No	Yes	No	
							1				
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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 IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	16					
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493122000434

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2012

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY 36-2515281 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c					
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500					
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT	
	filed Form 5768 (election under section 501(h)).	

	Weell was a second to long to the second of the left was a few five detailed decreases of the left was	(a)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		68,250	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	O ther activities?		Νo		
j	Total Add lines 1c through 1i			68,250	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ļ		
Dai	$\pm 100-0$ Complete if the organization is examply under section $501(c)(4)$ section	2.501/6	1/5) 0	r section	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members

_	b dee j de been in in de la communa de la co	_	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

I dentifier	Return Reference	Explanation
Description of the activities reported on Lines 1a through 1i	Schedule C, Part II-B, Line 1	THE ADLER SCHOOL IS REPRESENTED BY LEGISLATIVE CONSULTANTS IN SUPPORT OF, AND RESPONSIBLE FOR, THE SCHOOL'S GOVERNMENT AFFAIRS PROGRAM BOTH IN THE FEDERAL GOVERNMENT AND IN THE STATE OF ILLINOIS SPECIFICALLY, THE CONSULTANTS PROVIDE DIRECT ADVOCACY SERVICES RELATING TO THE SCHOOL'S FEDERAL PROGRAMS, ARRANGE AND PARTICIPATE IN MEETINGS FOR THE SCHOOL'S LEADERSHIP WITH MEMBERS OF CONGRESS, MONITOR STATE AND FEDERAL ISSUES OF CONSEQUENCE TO THE SCHOOL AND ASSIST THE SCHOOL'S LEADERSHIP WITH ALL ASPECTS OF RESPONDING TO CONGRESSIONAL FORMS FOR EARMARK REQUESTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493122000434

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	<u>'</u>	in 330. F See separate instructions.	Τ=	Anspection
	ne of the organization R SCHOOL OF PROFESSIONAL PSYCHOLOGY			oloyer identification number 2515281
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or adv	rsed Yes No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
ar	t III Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a	certifie	d historic structure
	easement on the last day of the tax year			
	Tabal assessments			Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements Number of conservation easements on a certified history	oric structure included in (a)	2b	
	Number of conservation easements on a certified installation of conservation easements included in (c) acquisitoric structure listed in the National Register	2c 2d		
	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	ed by th	he organization during
	the tax year -		,	
	·			
	Number of states where property subject to conservati			
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	f violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year
	▶ \$			
	Does each conservation easement reported on line 2(of and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemed	e footnote to the organization's financial ents	stater	ments that describes
li	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	earch in furtherance of public
•	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			· -
	Revenues included in Form 990, Part VIII, line 1			- \$
	Assets included in Form 990, Part X			
	A 33CL3 IIICIUUCU III FUIIII 770, PAIL A			F P

Part	•••• Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal Tr</u>	easu	<u>ires, or O</u>	<u>the</u>	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recoi	rds, c	heck	any of t	he foll	owing that a	are a	significant use o	of its	
а	Public exhibition		d	\vdash	Loan	orexc	hange progr	ams			
b	Scholarly research		e	\vdash	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furthe	rthe	organızatıor	's ex	empt purpose in		
5	During the year, did the organization solicit	or receive donation:	s of a	rt, hıs	torıcal	treası	ures or othe	rsım	ıılar		
	assets to be sold to raise funds rather than t								<u> </u>	Yes	∏ No
Par	Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					tions	or other ass	ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able		Г				
							-	_	Amo	unt	
c	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 217	7					Γ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatio	n has l	een p	rovided in P	art >	(III		Γ
Pa	rt V Endowment Funds. Complete										
	D	(a)Current year 5,002	(b)Prior	year	b (c) ⊺	wo years back	(d)	Three years back (e) Four y	ears back
1a	Beginning of year balance	5,002			5,000			<u>' </u>	0		0
b	Contributions				5,000			<u>'</u>	U		
С	Net investment earnings, gains, and losses	6			2		(0		0
d	Grants or scholarships				0		(0		0
e	Other expenditures for facilities				0		(,	0		0
_	and programs							1	0		
T	Administrative expenses	5,008			5,002			₩	0		0
g	End of year balance	<u> </u>			·			<u>′</u>	٥		
2	Provide the estimated percentage of the curi	•	ce (lir	ne 1g	, colum	n (a))	held as				
а	Board designated or quasi-endowment	0 %									
b	Permanent endowment 🕨 100 000 %										
С	Temporarily restricted endowment ► Control The percentages in lines 2a, 2b, and 2c shows) % uld equal 100%									
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are held	l and a	administere	d for	the	Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)	No
b	If "Yes" to 3a(II), are the related organizatio								3b		<u> </u>
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme Description of property	ent. See Form 99	90, Pa		<u>, line 1</u>) Cost or		(b)Cost or o	ther	(c) Accumulated	(d) Bo	ook value
	Description of property				is (invest		basis (other		depreciation	(d) 50	
1a	Land										0
b	Buildings										0
C	Leasehold improvements						6,406	,732	276,523		6,130,209
d	Equipment						2,345	,636	620,243		1,725,393
	Other						3,317				616,873
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	umn (B), line	10(c).,)		🕨		8,472,475

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	<u>2. </u>	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
			f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line			
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lii	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. otion .)		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. otion .)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. otion (a) (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 457B LIABILITY	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 457B LIABILITY	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes 4578 LIABILITY 457 F LIABILITY	.)		(b) Book value

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	31,169,187
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d 0		
e	Add lines 2a through 2d	2e	-1,369
3	Subtract line 2e from line 1	3	31,170,556
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	647,242
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	31,817,798
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	30,625,421
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)..............2d 0		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	30,625,421
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)..............4b 647,242		
c	Add lines 4a and 4b	4c	647,242
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	31,272,663

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THIS ENDOWMENT IS PART OF A MULTI-YEAR PLEDGE WHICH IS TO BE USED TOWARDS SCHOLARSHIPS THE MONEY IS CURRENTLY HELD IN A SEPARATE INTEREST BEARING ACCOUNT OUR INTENTION IS TO BUILD UP THIS FUND TO A SIGNIFICANT AMOUNT AND USE THE INTEREST TO FUND SCHOLARSHIPS
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE SCHOOL HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDICATING THE SCHOOL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS THE SCHOOL FOLLOWS GUIDANCE WITH RESPECT TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS THE SCHOOL HAS HAD NO SIGNIFICANT UNRELATED BUSINESS INCOME IF THE SCHOOL INCURS INTEREST AND PENALTIES, THE SCHOOL RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY THE SCHOOL HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF JUNE 30, 2013 AND 2012 THE SCHOOL DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFIT TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE SCHOOL HAS NOT BEEN EXAMINED BY ANY TAX JURISDICTION THE SCHOOL HAS NO ON-GOING FEDERAL, STATE OR LOCAL TAX AUDITS, HOWEVER, THE SCHOOL'S TAX RETURNS FOR 2010 AND SUBSEQUENT YEARS ARE OPEN TO EXAMINATION
Other revenues in form 990 not in audited financial statements	Schedule D, Part XI, Line 4b	SCHOLARSHIPS - 647242,
Other expenses in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SCHOLARHIPS - 647242,

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493122000434

OMB No 1545-0047

MB No 1545-004

2012

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY

Schools

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

	36-2515281			
Pa	rt I	$\overline{}$	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		Vaa	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"	2	Yes	
	please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?	-	V	
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	_		
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
	Scholarships or other financial assistance?	5d		No
	• Educational policies? Use of facilities?	5e		No
	Athletic programs?	5f 5g		No No
	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Pays, Proc. 75, 50, 1975, 2 C. P. 587, covering registal pending rights and the section of Part II.			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

ldentifier	Return Reference	Explanation
Racially nondiscriminatory policy	Schedule E, Part I, Line 3	POLICY STATED IN THE INSTITUTION'S CATALOG BASED ON THE POLICY OF ADLER SCHOOL OF PROFESSIONAL PSY CHOLOGY ALL PERSONS ARE ENTITLED TO EQUAL EMPLOY MENT OPPORTUNITY (EEO) PROTECTION THE SCHOOL DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL FOR EMPLOY MENT BECAUSE OF AGE, RELIGION, RACE, COLOR, GENDER, GENDER IDENTITY, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, MILITARY STATUS (INCLUDING UNFAVORABLE DISCHARGE FROM THE MILITARY), OR ANY OTHER CATEGORY PROTECTED BY FEDERAL, STATE, OR LOCAL LAW
Financial aid or assistance from a governmental agency	Schedule E, Part I, Line 6a	ADLER PARTICIPATES IN THE FEDERAL COLLEGE WORK STUDY AND GUARANTEED LOAN PROGRAMS

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493122000434

OMB No 1545-0047

No

2012

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Internal Revenue Service

Name of the organization
ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY

Employer identification number

36-2515281

Part I	General Information on Activities Outside the United States.	Complete	e if the organization answered
	"Yes" to Form 990. Part IV. line 14b.		

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	NORTH AMERICA (CANADA & MEXICO ONLY)	1	23	PROGRAM SERVICES	EDUCATION	3,540,550
	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING	SCHOLARSHIPS	26,000
	Sub-total					
	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)	1	23			3,566,550

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can b	<u>e duplicated if additio</u>	nal space is n	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	NORTH AMERICA (CANADA & MEXICO ONLY)	14	26,000	CASH PAYMENT	0		
	+						
-							
	i			I	1		1

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> -</u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also e	offipiete this part to provide any ad	ditional information (see instructions).
Identifier	ReturnReference	Explanation
Procedures for monitoring use of grant funds	Schedule F, Part I, Line 2	STUDENT MUST HAVE APPLIED FOR ADMISSION TO THE SCHOOL SCHOLARSHIPS ARE RESERVED FOR FULL-TIME STUDENTS STUDENTS MUST MAINTAIN SATISFACTORY PROGRESS TO MAINTAIN ELIGIBILITY GRANTS ARE AWARDED BY THE OFFICE OF ADMISSIONS, BASED ON VARIOUS CRITERIA INCLUDING DIVERSITY, COMMITMENT TO SOCIAL JUSTICE, AND INDIVIDUAL MERIT THE OFFICE OF ADMISSIONS MAINTAINS THE RECORDS OF THESE AWARDS AND DETERMINES STUDENTS' ELIGIBILITY THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNTS
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL
	+	
	+	
		Schedule F (Form 990) 2012

DLN: 93493122000434

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Inspection

Internal Revenue Service Name of the organization **Employer identification number** ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY 36-2515281

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
 - Internet and email solicitations
- Phone solicitations

BARNES & ROCHE

Department of the Treasury

- e 🔽 Solicitation of non-government grants
 - Solicitation of government grants
 - ✓ Special fundraising events
- ▼ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Dıd (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual (or retained by) (or retained by) fundraiser have from activity or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No CONSULTANT NICK B WHITCOMB ASSC 205 W UPPER WACKER Νo 54,300 54,300 DRIVE CHICAGO, IL 60606 CONSULTING,

CAMPAIGN 919 CONESTOGA ROAD Nο 63,301 63,301 READINESS BRYN MAWR, PA 19010 ASSESSMENT PLANNED GIVING PG CALC COUNSEL 129 MOUNT AUBURN Nο 12,046 12,046 STREET

CAMBRIDGE, MA 02138

129,647 129,647 Total.

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

FUNDRAISING

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ses	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>R</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	│ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. 「Yes 「No
b	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

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

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

OMB No 1545-0047

DLN: 93493122000434

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY

Employer identification number

36-2515281

		o Governments and receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTER ON HALSTED 3656 NORTH HALSTED CHICAGO,IL 60613	51-0178807	501C3	5,500 I		1 1		SUPPORT THE CENTER'S OPERATIONS

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV,	line 22
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	67	621,242			
Part IV Supplemental Informa	tion.				

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds		IN ORDER TO QUALIFY FOR THE ADLER-FUNDED SCHOLARSHIP, STUDENTS MUST HAVE APPLIED FOR ADMISSION TO THE SCHOOL ADMISSION SCHOLARSHIPS ARE RESERVED FOR FULL-TIME US OR CANADIAN STUDENTS TO MAINTAIN ELIGIBILITY, STUDENTS MUST SHOW SATISFACTORY PROGRESS AND A GPA OF 3 25 IN PSYCHOLOGY COURSEWORK AT THE TIME OF APPLICATION ADDITIONALLY, ALDER ALSO GRANTS SCHOLARSHIPS TO EMPLOYEES PURSUING DEGREE PROGRAMS TO QUALIFY, EMPLOYEES HAVE TO OBTAIN PRIOR MANAGER'S APPROVAL THEY RECEIVE UP TO 6 CREDIT HOURS OF SCHOLARSHIP EACH SEMESTER RELATIVES OF FACULTY MEMBERS AND THE SCHOOL FOUNDERS ARE ALSO ELIGIBLE FOR THE SAME TYPE OF SCHOLARSHIP

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493122000434

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY **Employer identification number**

36-2515281

Ρa	Questions Regarding Compensation		T	
		_	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding th			
	First-class or charter travel Housing allowance or residence for pers			
	Travel for companions Payments for business use of personal			
	Tax idemnification and gross-up payments Health or social club dues or initiation for social club dues or initiation due to social club d			
	Discretionary spending account Personal services (e.g., maid, chauffeur	, chef)		
h	 If any of the boxes in line 1a are checked, did the organization follow a written policy regarding paym 	ent or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to exp			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	·		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing 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			
	∇ Compensation committee			
	Form 990 of other organizations Approval by the board or compensation	committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the fi or a related organization	ing organization		
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa	rt III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fix payments not described in lines 5 and 6? If "Yes," describe in Part III	ed 7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was	"		
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes, in Part III	describe 8		NI o
0	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			No
9	section 53 4958-6(c)?	egulations 9		

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

Note. The sum of columns (B)(1)-(111) 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	(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred benefits compensation	benefits	columns (B)(ı)-(D)	1 '
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any addition	na momación	
Identifier	Return Reference	Explanation
Severance or change-of-control payment	Schedule J, Part I, Line 4a	AN INDIVIDUAL ON PART VII RECEIVED SEVERANCE THESE PAYMENTS HAVE BEEN INCLUDED IN THE COMPENSATION REPORTED ON PART VII AND SCHEDULE J, PART II
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	DR CROSSMAN, PRESIDENT OF THE SCHOOL PARTICIPATES IN THE 457(F) DEFERRED COMPENSATION PLAN CONTRIBUTIONS TO THE PLAN TOTALED \$17,500 DURING FY 13
Non-fixed payments	Schedule J, Part I, Line 7	A LEADERSHIP TEAM VARIABLE COMPENSATION IS BASED UPON THE ACHIEVEMENT OF CERTAIN FINANCIAL GOALS THE SCHOOL DETERMINES A 5 YEAR PERFORMANCE PLAN AND UPON ACHIEVING THE FINANCIAL GOALS SET FORTH IN THAT PLAN, EMPLOYEES ARE AWARDED A VARIABLE COMPENSATION OF AN AMOUNT DETERMINED BY THE CEO ELIGIBILITY FOR RECEIPT OF VARIABLE COMPENSATION AWARDS IS SIGNED OFF ON BY HR THE CEO'S VARIABLE COMPENSATION IS DETERMINED BY THE BOARD USING COMPARABILITY DATA FROM SIMILAR ORGANIZATIONS UPON ACHIEVING FINANCIAL GOALS SET FORTH IN THE 5 YEAR PERFORMANCE PLAN

Schedule J (Form 990) 2012

Software ID: 12000266

Software Version: v2012.1.0

EIN: 36-2515281

Name: ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base Compensation (ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
DR RAYMOND CROSSMAN	(I)	404, 076 0	200,038 0	0	37,667 0	14,942 0	656,723 0	0
JO BETH CUP	(I)	169,228 0	30,000 0	0	18,385 0	22,299 0	239,912	0
JEFF GREEN	(I)	212,640 0	30,000 0	0	16,396 0	14,942 0	273,978 0	0 0
LYNN TODMAN	(I)		30,000 0	0	11,233 0	78 0	181,886 0	0
ANTHONY CHIMERA	(ı) (ıı)	156,631 0	30,000 0	0	17,508 0	22,299 0	226,438 0	0 0
MARTHA CASAZZA	(I) (II)		30,000 0	0	19,012 0	0	236,472 0	0 0
WENDY PASZKIEWICZ	(I) (II)	125, 4 16 0	30,000 0	0	14,209 0	16,847 0	186,472 0	0 0
CRAIG HINES	(ı) (ıı)	155,586 0	0	0	13,666 0	7,261 0	176,513 0	0
ELINOR HITE	(I) (II)		12,700 0	0	6,241 0	54,684 0	201,507 0	0
MARK BRANSON	(ı) (ıı)	126,431 0	0	0	6,345 0	21,625 0	154,401 0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

DLN: 93493122000434 OMB No 1545-0047

2012

Open to Public

Inspection

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

► Attach to Form 990.

► See separate instructions.

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number

	one of the organization DLER SCHOOL OF PROFESSIONAL PSYCHOLOGY									Em	Employer Identification number					
ADL									36	36-2515281						
Pa	rt I Bond Issues															
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued				(e) Issue price (f		(f) Description of purpose			(g) Defeased		On alf of uer		Pool ncing		
										Yes	No	Yes	No	Yes	No	
A 						0,000		INANCING & REFINANCING DUC FACILITY			Х		Х		х	
Par	rt III Proceeds				-1							П				
_	A					Α		В			С			D		
1	A mount of bonds retired					1,004,305										
	A mount of bonds legally defeased						0									
3	Total proceeds of issue					5,242	,846	6								
4	Gross proceeds in reserve funds						0)								
5	Capitalized interest from proce		142	,846												
6	Proceeds in refunding escrows					0										
7	Issuance costs from proceeds					101	,000									
8	Credit enhancement from proc						0									
9	Working capital expenditures from proceeds				0											
10	Capital expenditures from proceeds					4,999	,000									
11	O ther spent proceeds					0										
12	Other unspent proceeds	O ther unspent proceeds					0	0								
13	Year of substantial completion			2010												
					Yes	No	•	Yes	No	Yes	N	lo	Yes		No	
14	Were the bonds issued as part of a current refunding issue?					Х										
15	Were the bonds issued as part of an advance refunding issue?					х										
16	Has the final allocation of proceeds been made?															
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?															
Par	t IIII Private Business U	se														
							В			С			D			
					Yes	No	<u> </u>	Yes	No	Yes	<u> </u>	lo	Yes		No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				A		В		c		D
	A bl		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?			x						
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper			×						
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			0 0000%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothor (c)(3) organization, or a state or local government			0 0000%		º/o		%		%
6	Total of lines 4 and 5			0 0000%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		0%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 $141-12$ and $1\ 145-2$?		х							
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			х						
Par	t IV Arbitrage							I	<u> </u>	<u> </u>
		А			В				D	
		Yes	No	Yes	No	Ye	5	No	Yes	No
1	Has the issuer filed Form 8038-T?		Χ							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	×								
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed				.		I			
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge		0 0							
d	Was the hedge superintegrated?		Х							_
е	Was a hedge terminated?		Х							

Part IV Arbitrage (Continued)

Identifier

Return Reference

No	Yes	No	Yes	No
В		C	D	
No	Yes	No	Yes	No

Schedule K (Form 990) 2012

Explanation

OMB No 1545-0047

2012

Open to Public

Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY **Employer identification number**

36-2515281

ldentifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	NEW BOARD MEMBERS AND EMPLOYEES RECEIVE AN ORIENTATION BOOKLET CONTAINING THE SCHOOL'S CON FLICT OF INTEREST POLICY THE SCHOOL RELIES ON THE BOARD MEMBERS AND EMPLOYEES TO NOTIFY THE SCHOOL OF ANY CONFLICTS OF INTEREST THAT MAY ARISE DURING THEIR TERM AS A BOARD MEMBER OR EMPLOYMENT WITH THE SCHOOL ALL BOARD MEMBERS AND THE MEMBERS OF THE EXECUTIVE TEAM ANN UALLY COMPLETE A CONFLICT OF INTEREST FORM IF A POTENTIAL CONFLICT IS FOUND TO EXIST, THE SCHOOL WILL WORK WITH ITS LEGAL COUNSEL AND TAKE APPROPRIATE ACTION
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	COMPENSATION FOR THE ORGANIZATION'S CEO IS DETERMINED BY USE OF A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION STUDY, AND APPROVAL OF THE BOARD THE BOARD THEN SETS THE CEO'S COMPENSATION, DURING AN ANNUAL MEETIN G IN AUGUST, WHICH IS DOCUMENTED IN THE MINUTES THE LAST REVIEW OF THE CEO'S COMPENSATION WAS DONE IN AUGUST OF 2013
COMPENSATION OF OTHER EMPLOYEES	FORM 990, PART VI, LINE 15B	COMPENSATION FOR OTHER KEY EMPLOYEES TO THE ORGANIZATION IS DETERMINED BY THE SCHOOL'S PRE SIDENT (CEO) USING A COMPENSATION STUDY OF SIMILAR SIZE/TYPE OF ORGANIZATIONS SALARIES FO R ALL EMPLOYEES, INCLUDING THE EXECUTIVE COMMITTEE MEMBERS, ARE DETERMINED ANNUALLY THE D ECISIONS ARE MADE IN WRITING AND THE NEW SALARIES ARE EFFECTIVE EACH CALENDAR YEAR ON SEPT EMBER 1ST
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST