for an Exempt Organization

For calendar year 2013, or fiscal year beginning , 2013, and ending

Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service

323051 10-01-13

Form 8879-EO

Internal Revenue Service	Information about Form 8879-EO and its instructions is at www	v irs aov/form8	879ec
Name of exempt organization		0	Emp

ADLER APHASIA CENTER

Name and title of officer		
MILTON KAHN		
TREASURER		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from on line 1a , 2a , 3a , 4a , or 5a , below, and the amount on that line for the return being filed with this form was blank, the whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable I than 1 line in Part I.	en leave line 1	b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1541197
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	

2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize STEVEN T. CIRILLO, CPA LLC	to enter my PIN	87863
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2013 electronically filed return. If I have indicated withir is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature Date Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for t confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (M <i>e-file</i> Providers for Business Returns.	0	
ERO's signature Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To I	Do So	

IRS e-file Signature Authorization

.20

2013

Employer identification number

02-0687863

Form 990
Department of the Treasury

Internal Revenue Service

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

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990



AF	or the	2013 calendar year, or tax year beginning and ending				
B C	heck if oplicabl	e: C Name of organization		D Employer identific	cation number	
	Addre	adler Aphasia center				
	Name Chang			02-0	687863	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
]Termii ated				368-8585	
	Amen return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1805142.	
	Applic	MAYWOOD, NJ 07607		H(a) Is this a group re	turn	
	pendi	F Name and address of principal officer: MIKE ADLER		for subordinates	? 🖸 Yes 🔟 No	
		same as C above		H(b) Are all subordinates in	cluded? Yes No	
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) (or 🛄 527	If "No," attach a	list. (see instructions)	
_		te: > WWW.ADLERAPHASIACENTER.ORG		H(c) Group exemption		
	_	organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2003	State of legal domicile: NJ	
Pa	rt I	Summary				
e	1	Briefly describe the organization's mission or most significant activities: A TH	ERAPEU	TIC PROGRAM	THAT	
Activities & Governance		ADDRESSES THE NEEDS OF PEOPLE WITH APHAS				
rer		Check this box 🕨 🛄 if the organization discontinued its operations or dispo				
<u>Gov</u>		Number of voting members of the governing body (Part VI, line 1a)			26	
8		Number of independent voting members of the governing body (Part VI, line 1b)			26	
ties		Total number of volunteers (estimate if necessary)			18	
tivi	6			6	0	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.	
	•			Prior Year 859668 •	Current Year 913768 •	
en		Contributions and grants (Part VIII, line 1h)		231885.	246523.	
Revenue		Program service revenue (Part VIII, line 2g)		49107.	29929.	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		296494.	350977.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1437154.	1541197.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	35000.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		691521.	764823.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0,0010210	0.	
nəc		Total fundraising expenses (Part IX, column (D), line 25) 374	31	••	••	
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		507288.	520897.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1198809.	1320720.	
		Revenue less expenses. Subtract line 18 from line 12		238345.	220477.	
or			Be	ginning of Current Year	End of Year	
ets lanc	20	Total assets (Part X, line 16)		1429614.	1709788.	
Ass I Bal		Total liabilities (Part X, line 26)		29546.	34417.	
Net Assets or Fund Balances		Net assets or fund balances. Subtract line 21 from line 20		1400068.	1675371.	
Pa	rt II	Signature Block			_ , ,	
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	v knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MILTON KAHN, TREASURER Type or print name and title		Date
Paid Preparer	Print/Type preparer's name STEVEN T. CIRILLO, CPA Firm's name ► STEVEN T. CIRILLO, CPA	ignature Date	Check PTIN if self-employed P00165003 Firm's EIN ► 22-3780134
Use Only	Firm's address 345 KINDERKAMACK ROAD WESTWOOD, NJ 07675	SUITE C	Phone no.201-666-4477
May the I	RS discuss this return with the preparer shown above? (see ins	structions)	Yes No
332001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the	separate instructions.	Form 990 (2013)

Form	ADLER APHASIA CENTER	02-068	7863	Page 2
	rt III Statement of Program Service Accomplishments			9
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission: ADLER APHASIA CENTER, LOCATED IN MAYWOOD AND WEST ORANGE			
	INNOVATIVE POST-REHABILITATIVE THERAPEUTIC PROGRAM THAT			не
	LONG-TERM NEEDS OF PEOPLE WITH APHASIA AND THEIR FAMILI			
	DISORDER CAUSED BY STROKE OR OTHER BRAIN INJURY.		1110011	
2	Did the organization undertake any significant program services during the year which were not listed on			
2			Vee	XNo
•	If "Yes," describe these new services on Schedule O.	2		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<i>(</i>	L Yes	
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, a			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total e	expenses, a	and
	revenue, if any, for each program service reported.		100	450
4a	(Code:) (Expenses \$ 1243079. including grants of \$ 35000.) (Reven			453.)
	TO PROVIDE LIFESKILLS ACTIVITIES FOR PEOPLE WITH APHASI			
	CAREGIVERS, EDUCATE HEALTHCARE PROFESSIONALS AND CONDUC	<u>T RESEA:</u>	RCH.	
46				
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
		·		/
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1243079.			
			- 0	

	990 (2013) ADLER APHASIA CENTER 02-0687	863	Ρ
Pa	t IV Checklist of Required Schedules		
			Yes
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	x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	
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	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	
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?		
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х
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	x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	
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	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	X
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144	
U	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	146	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b 15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	
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	17	
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	X

Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? *If* "Yes," *complete Schedule H* 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2013)

No

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 Form 990 (2013)
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 Part IV
 Checklist of Required Schedules (continued)
 ADLER APHASIA CENTER

			Yes	No
21	21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>		х	
22	Did the organization report more than \$5,000 of grants or 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		х
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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
ا م	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
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		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>	
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
	(gambling) winnings to prize winners?	1 1	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10			
	filed for the calendar year ending with or within the year covered by this return	2a 18	-	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction				x
		•	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounto			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year a		5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		50 5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t		00		<u> </u>
ou	any contributions that were not tax deductible as charitable contributions?	•	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				<u> </u>
	were not tax deductible?				
7	Organizations that may receive deductible contributions under section 170(c).				
а	a 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		Х
b	b 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 w	as required			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization $500(a)(2)$ supporting organizations.		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.	any time during the year:	•		
у а	Did the organization make any taxable distributions under section 4966?		9a		
h	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	· · · ·			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	le ()	14a 14b		- 23
	in 100, has a neural official to to port these payments in 100, provide an explanation in ochedu	~ ~		1	1

ADLER APHASIA CENTER

Form 990 (2013)
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02-0687863

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	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 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a		_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	•	v	
a	The governing body?	8a	X X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	•		x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
~~	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar ADLER APHASIA CENTER - 201-368-8585	ion: 🕨	<u> </u>	

1a Enter the number of voting members of the governing body at the end of the tax year

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

Section A. Governing Body and Management

26

1a

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

<u> </u>							_
ADLER	APHASIA	CENTER	-	201-368	8-858	5	
	arrie, priysical a		icpri		r une per	3011 101	νp

60 W. HUNTER AVENUE, MAYWOOD, NJ 07607	60 W. I	HUNTER	AVENUE,	MAYWOOD,	NJ	07607
--	---------	--------	---------	----------	----	-------

No

Yes

ADLER APHASIA CENTER

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

(A)	(B)	l	411120	(0		npe	noui	(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition		one	Reportable	Estimated	
	hours per	box	, unle	ss pe nd a d	rson	is bot	h an	compensation	compensation	amount of
	week (list any hours for	trustee or director	ee			sated		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below line)	Individual trustee	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) JAMES ADLER	2.00									
BOARD MEMBER		X						0.	0.	0.
(2) WILLIAM ADLER	2.00									
BOARD MEMBER		X						0.	0.	0.
(3) DAVID ALBALAH	2.00									
BOARD MEMBER		X						0.	0.	0.
(4) BILL ZIPSE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ANGELICA BERRIE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) DIANA DIGIROLAMO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) NICHOLAS FELICE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SANDRA GOLD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SOPHIE HEYMANN	2.00									_
VICE PRESIDENT		Х						0.	0.	0.
(10) JAMES GLOZZY	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) ELLEN JACOBS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) BERNARD KOSTER	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(13) SUSAN PENN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JEFFREY WARREN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JODIE EPSTEIN	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(16) WILLIAM MURRAY	2.00									~
BOARD MEMBER		X						0.	0.	0.
(17) LINDA BOWDEN	2.00									•
BOARD MEMBER		Х						0.	0.	. 0

Part VII Section A. Officers, Direct	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				(C)				(D)	(E)	Τ	(F)	
Name and title	Averaç	je	(do r	P not che	ositi	on			Reportable	Reportable		Estimate	əd
	hours p	per h	box,	unless	s perso	on is	both a	an	compensation	compensation		amount	of
	week	· ⊢	- T	er and	a dire	ector/	truste	e)	from	from related		other	
	(list ar	y	rector						the	organizations	cc	ompensa	
	hours t relate		ordi	ee		ated			organization	(W-2/1099-MISC)		from th	
	organizat	ions	ustee	trust		e Dens			(W-2/1099-MISC)			organizat and relat	
	belov	/	lual tr	tional		t con	Vee	_				rganizati	
	line)	:	Individual trustee or director	Institutional trustee	Officer	Key employee Hinhest compe	employee	Former				gamzan	0110
(18) WALTER HECHT	2.		_			-		_					
BOARD MEMBER			x						0.	0 .	•		0.
(19) MILTON KAHN	2.	00									Τ		
SECRETARY/TREASURER			x						0.	0.			0.
(20) KAREN TUCKER	40.	00									1		
EXECUTIVE DIRECTOR			x						113758.	0.			0.
(21) STEVEN MOREY GREENBERG	2.	00									1		
BOARD MEMBER			x						0.	0 .			Ο.
(22) ANTHONY IOVINO	2.	00									1		
BOARD MEMBER			x						0.	0.			Ο.
(23) JILL TEKEL	2.	00									+		
BOARD MEMBER			x						0.	0.			Ο.
(24) GREGG PADAVANO	2.	00									\top		
BOARD MEMBER			x						0.	0.			0.
(25) MIKE ADLER	5.	00											
BOARD MEMBER					x				0.	0.			0.
(26) ELAINE ADLER	5.	00											
BOARD MEMBER					x				0.	0.			0.
1b Sub-total								•	113758.	0 .			0.
c Total from continuation sheets								•	0.	0 .	.—		0.
d Total (add lines 1b and 1c)								•	113758.	0	.†		0.
2 Total number of individuals (includ								o re	eceived more than \$100	0.000 of reportable	_		
compensation from the organizati	-					,				, ,			1
<u> </u>	E.											Yes	No
3 Did the organization list any form	er officer, director,	or trus	stee	, key	emp	oloy	ee, c	or ł	highest compensated e	mployee on			
line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a	, is the sum of repo	rtable	col	mpei	nsati	ion a	and o	otł	ner compensation from	the organization			
and related organizations greater	than \$150,000? <i>If</i> '	Yes,"	con	nplet	te Sc	chec	lule .	J f	or such individual		4		X
5 Did any person listed on line 1a re	eceive or accrue co	mpens	satio	on fro	om a	ιny ι	unrel	late	ed organization or indiv	idual for services			
rendered to the organization? If "		edule	J fo	or su	ch pe	erso	n				5		X
Section B. Independent Contractors													
1 Complete this table for your five h			-								satio	n from	
the organization. Report compens		dar yea	ar e	ndin	g wit	th o	r witł	hin		year.			
Name and	(A)	,		NTE					(B) Description of s	envices	Com	(C) pensatio	'n
Name and business address NONE Description of services Com													
								+					
								+					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100.000 of compensation from the organization ► 0

Form	990
	/

Name and title Average hours per week (list any hours for related organizations below line) Average (check all that apply) Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other organization and related organization (27) CHARLES BERKOWITZ 2.00 0	Part VII Section A. Officers, Directors, Tru							iest			(5)
hours (check all that apply) compensation compensation amount of per week week set set from related organizations ine) ing ing ing set set ing set organization from related organization version organizations set organization (W-2/1099-MISC) from related organization ine) set organization set organization set set organization set organization set organization set organization set organization organization <td>(A)</td> <td>(B)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(D)</td> <td>(E)</td> <td>(F)</td>	(A)	(B)							(D)	(E)	(F)
per week (list any hours for related organizations below line) veek (list any hours for related veek hours for related	ivame and title		(c) V			
week (list any hours for related organizations below line) veek (list any hours for related vot up and the up to the point ture ture ture ture ture ture ture tur			(0				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			from related	
(list any hours for related organizations below line) 100 up astruct point below line) 100 up astruct point below line) 00 astruct point below line) 00 astruct point below line) 00 astruct point below line) 00 astruct point below line) organization below line) (W-2/1099-MISC) (W-2/1099-MISC) from the organization and related organization (27) CHARLES BERKOWITZ 2.00 Image: Comparison of the comparison o							yee				compensation
(27) CHARLES BERKOWITZ 2.00			ector				mplo		organization	(W-2/1099-MISC)	
(27) CHARLES BERKOWITZ 2.00			or dire	æ			ited e		(W-2/1099-MISC)		organization
(27) CHARLES BERKOWITZ 2.00			stee o	ruste		e a	pensa				
(27) CHARLES BERKOWITZ 2.00			ıal tru	onal t		ploye	com				organizations
(27) CHARLES BERKOWITZ 2.00			dividu	stituti	fficer	ey em	ighest	ormer			
			5	=	ò	×	Ŧ	Ĕ			
		2.00			x				0.	0.	0.
				-		-	-				
			\vdash	\vdash	-	⊢	\vdash	\vdash			
			1								
Total to Part VII, Section A, line 1c	Total to Part VII, Section A, line 1c										

Form 990 (2013)
Part VIII **Statement of Revenue**

	Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII	(B)		L
				(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
£r 1a	a Federated campaigns	1a					
	b Membership dues						
and Other Similar Amounts	c Fundraising events	1c					
<u>a</u>	d Related organizations	1d					
j <u>u</u>	e Government grants (contribut	ions) 1e	40000.				
ທ່ ສ່ f	f All other contributions, gifts, gran						
Ę	similar amounts not included abo	ve 1f	873768.				
g g	g Noncash contributions included in lines	1a-1f: \$	301064.				
1 5	h Total. Add lines 1a-1f			913768.			
			Business Code	1 4 9 4 5 9	1 4 9 1 5 9		
2 a	a MEMBERSHIP FEES		900099	143150.	143150.		
e t	b SOMETHING SPECI	AL INCO	900099	50949.	50949.		
(e)	c OTHER INCOME		900099	38910.	38910.		
Be de	d PROGRAM FEES		900099 900099	6951.	6951.		_
Evenue Revenue	e LUNCHEON FEES			6563.	6563.		
	f All other program service reve			246523.			
	g Total. Add lines 2a-2f			240525.			
3				12918.			12918
	other similar amounts)			12910.			12910
4							
5	Royalties	(i) Real					
6	a Gross rents		(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	a Gross amount from sales of	(i) Securities	(ii) Other				
' °	assets other than inventory	212983.					
	b Less: cost or other basis						
	and sales expenses	195972.					
	c Gain or (loss)	17011.					
	d Net gain or (loss)		►	17011.	17011.		
. 8 8	a Gross income from fundraising						
	including \$						
	contributions reported on line						
	Part IV, line 18	a	418950.				
	b Less: direct expenses	b	67973.				
? ·	c Net income or (loss) from fund			350977.			350977
9 a	a Gross income from gaming ac	tivities. See					
	Part IV, line 19	а					
1	b Less: direct expenses						
	c Net income or (loss) from gam		>				
10 a	a Gross sales of inventory, less	returns					
	and allowances	а					
1	b Less: cost of goods sold						
	c Net income or (loss) from sale	s of inventory	►				
	Miscellaneous Revenu	e	Business Code				
11 a	a		ļļ				_
1	b						
(c						
	d All other revenue						
•	e Total. Add lines 11a-11d			4 - 44 4 4	0.0000		
12	Total revenue. See instructions.			1541197.	263534.	0	. 363895

332009 10-29-13

а

b

С

d

е

25 26 BANK AND

All other expenses

amount, list line 24e expenses on Schedule 0.)

PRINTING AND REPRODUCTI

STAFF AND BOARD DEVELOP

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

INVESTMENT FEE

if following SOP 98-2 (ASC 958-720)

PROGRAM SUPPLIES

	ADLER APHASI			02-
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	omplete column (A).
	Check if Schedule O contains a respons			(C)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	35000.	35000.	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			
3	Grants and other assistance to governments, organizations, and individuals outside the			
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members			
5	Compensation of current officers, directors, trustees, and key employees			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and			
7	Other salaries and wages	663660.	636888.	17401
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	42615.	39446.	68
10	Payroll taxes	58548.	56272.	1479
11	Fees for services (non-employees):			
a	Management			
b		12229.	12229.	
	Accounting	12229.	14449.	
d	Lobbying			
	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	column (A) amount, list line 11g expenses on Sch O.)	51252.	48082.	904
12	Advertising and promotion	21512.	18422.	1260
13	Office expenses	13147.	12171.	793
.e 14	Information technology			
15	Royalties			
16	Occupancy	294670.	269116.	12777
17	Travel			
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings			
20	Interest			
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	9671.	9671.	
23	Insurance	22622.	20960.	905
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 0.)			

47521.

16796.

10458.

13141.

1320720.

7878.

46832.

14302.

6564.

4426.

12698.

1243079.

(D) Fundraising

expenses

9371.

3101.

2266.

1830.

12777.

757.

605.

301.

16.

2290.

3137.

37431.

183.

797.

84.

204.

315.

427.

40210.

3593.

33

34

Total liabilities and net assets/fund balances

Total net assets or fund balances

Form	n 990 (2013) ADLER APHASIA CEN	ΨER		02-	0687863 Page 11
		Balance Sheet			•=	eeesee rageri
		Check if Schedule O contains a response or note to an	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		492186.	1	645089.
	2	Savings and temporary cash investments		149202.	2	198521.
	3	Pledges and grants receivable, net		199472.	3	285028.
	4	Accounts receivable, net		6584.	4	7655.
	5	Loans and other receivables from current and former of				
		trustees, key employees, and highest compensated en Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pe				
		section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50	(c)(3)(B), and contributing			
s		employees' beneficiary organizations (see instr). Comp	-		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6621.	9	2594.
		Land, buildings, and equipment: cost or other			-	
		basis. Complete Part VI of Schedule D 10a	160438.			
	b	Less: accumulated depreciation 10b		75549.	10c	70901.
	11	Investments - publicly traded securities		500000.	11	500000.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	1429614.	16	1709788.	
	17	Accounts payable and accrued expenses		12014.	17	15689.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
lities	22	Loans and other payables to current and former office				
iliti		key employees, highest compensated employees, and				
Liabil		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third	-		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24		17532.	05	18728.
	00	Schedule D		29546.	25 26	34417.
	26	Total liabilities. Add lines 17 through 25		25540.	20	JIII/•
6		Organizations that follow SFAS 117 (ASC 958), checomplete lines 27 through 29, and lines 33 and 34.				
Ce	27			657096.	27	720072.
Net Assets or Fund Balances	27	Unrestricted net assets Temporarily restricted net assets		242972.	27	455299.
ä	29			500000.	29	500000.
un.		Organizations that do not follow SFAS 117 (ASC 95				
or F		and complete lines 30 through 34.	,,			
its (30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipme			31	
¥А	32	Retained earnings, endowment, accumulated income,			32	
ž	0	Total not accets or fund balances	······	1400068	22	1675371

Form **990** (2013)

720072. 455299. 500000. 30 31 32 1400068. 1675371. 33 1429614. 1709788. 34

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	000	00.
5	Net unrealized gains (losses) on investments	5		548	26.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	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	16	753	71.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2013)

			1541197.
1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1320720.
3	Revenue less expenses. Subtract line 2 from line 1	3	220477.
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1400068.
	Net unrealized gains (losses) on investments	5	54826.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	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	1675371.

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

I

Form 990 (2013)

Form 990 (JLEI		
Part XI	Reconciliation	of	Net	As	sets

Lŀ	1/
Fo	or

332021 09-25-13

h

A For Paperwork Reduction Act Notice, see the Instructions for m 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

			4947(a)(1) nonexempt charitable trust.				
Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ.	Open to Public			
			► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <i>www.irs.gov/fc</i>	Inspection			
Nar	Name of the organization Employer id						
		-	ADLER APHASIA CENTER	0	2-0687863		
Pa	art I	Reason	for Public Charity Status (All organizations must complete this part.) See instruction				
The	organ		a private foundation because it is: (For lines 1 through 11, check only one box.)				
1			nvention of churches, or association of churches described in section 170(b)(1)(A)(i).				
2		,	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)				
3	\square		a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
4	H		search organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).	Viii) Entor	the hospital's name		
-		city, and stat			ine nospital s hame,		
5			on operated for the benefit of a college or university owned or operated by a governmental	init describ	ed in		
5		-	(b)(1)(A)(iv). (Complete Part II.)				
6			ite, or local government or governmental unit described in section 170(b)(1)(A)(v).				
-	X			ha ganaral	nublic described in		
'	2 2	•	on that normally receives a substantial part of its support from a governmental unit or from t	ne general	public described in		
•		-	b)(1)(A)(vi). (Complete Part II.)				
8 9	H		r trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	- hin face a	ad average variable from		
9		-	on that normally receives: (1) more than 33 1/3% of its support from contributions, members	-	-		
			ted to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of		•		
			unrelated business taxable income (less section 511 tax) from businesses acquired by the or	ganization	after June 30, 1975.		
10			509(a)(2). (Complete Part III.)				
10	\square	•	on organized and operated exclusively to test for public safety. See section 509(a)(4).				
11		0	on organized and operated exclusively for the benefit of, to perform the functions of, or to c	5			
			v supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50	19(a)(3). Chi	eck the box that		
			e type of supporting organization and complete lines 11e through 11h.				
		a 🖂 Type I	b └── Type II c └── Type III - Functionally integrated d └── T this box, I certify that the organization is not controlled directly or indirectly by one or more o	51	n-functionally integrated		
e							
			nanagers and other than one or more publicly supported organizations described in section s	509(a)(1) or	section 509(a)(2).		
1	ſ	•	ation received a written determination from the IRS that it is a Type I, Type II, or Type III				
			rganization, check this box		L		
ç	9	-	t 17, 2006, has the organization accepted any gift or contribution from any of the following p				
		(i) A perso	n who directly or indirectly controls, either alone or together with persons described in (ii) an	d (iii) below	, Yes No		

(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

S	С	H	E	D	U	L	E	A	١	

OMB	No.	1545-004

11g(i)

11g(ii)

11g(iii)

Schedule A (Form 990 or 990-EZ) 2013 ADLER APHASIA CENTER Part II Support Schedule for Organizations Described in S

02-0687863 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	662898.	697389.	662863.	993103.	1056918.	4073171.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	662898.	697389.	662863.	993103.	1056918.	4073171.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4073171.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	662898.	697389.	662863.	993103.	1056918.	4073171.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	17352.	12250.	26783.	14221.	12918.	83524.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						4156695.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	2238995.
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	97.99 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	97.34 %
1 6a	33 1/3% support test - 2013. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	t - 2013. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶□]
b	10% -facts-and-circumstances test	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the)
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2013

Part III 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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	2013	(f) Total
1	Gifts, grants, contributions, and	1						
	membership fees received. (Do not	1						
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	l						
5	The value of services or facilities							
-	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ł	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							
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	2013	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses	1						
	acquired after June 30, 1975							
Ċ	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							
13	assets (Explain in Part IV.)							
14	First five years. If the Form 990 is for	the organization	's first. second. thi	d. fourth. or fifth t	tax vear as a section	on 501(c)(3) organiz	ation.
	check this box and stop here	•					., .	
Se	ction C. Computation of Publi	ic Support Pe	ercentage					- F
	Public support percentage for 2013 (I			column (f))		15		%
	Public support percentage from 2012					16		%
_	ction D. Computation of Invest	-						
17	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17		%
	Investment income percentage from 2					18		%
	a 33 1/3% support tests - 2013. If the						and line 1	
-	more than 33 1/3%, check this box ar							
k	33 1/3% support tests - 2012. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio			•		•	•	

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

Name of t	he organ	ization
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ADLER APHASIA CENTER

Organization	type (check one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

ADLER APHASIA CENTER

Employer identification number

02-0687863

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF NEW JERSEY P.O. BOX 456 TRENTON, NJ 07625	\$ <u>20000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MIKE AND ELAINE ADLER C/O 60 WEST HUNTER AVENUE MAYWOOD, NJ 07607	\$ <u>228861.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE KAPLEN FOUNDATION P.O. BOX 792 TENAFLY, NJ 07670	\$ <u>50750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE RANDI & CLIFFORD LANE FDN 105 WILBUR PLACE BOHEMIA, NY 11716	\$ <u>25000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BERGEN COUNTY ONE BERGEN COUNTY PLAZA HACKENSACK, NJ 07601	\$ <u>18333.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WINIFRED M. & GEORGE PITKIN FOUNDATION 52 DWIGHT PL ENGLEWOOD, NJ 07631	\$ <u>100000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

ADLER APHASIA CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

NONCASH Property (see instructions). Use duplicate copies of Part	In it additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	—	
	\$	
	(c)	
(b) Description of noncash property given	FMV (or estimate)	(d) Date received
	(see instructions)	
	¢	
(b)	(c)	(d)
Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	_	
	<u> </u>	
(b)		(d)
Description of noncash property given	(see instructions)	Date received
	—	
	\ \$	
(1-)	(c)	(4)
ری) Description of noncash property given	FMV (or estimate)	(d) Date received
	— _{\$}	
(b)	(c)	(d)
Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	—	
	— I	
	(b) Description of noncash property given (b) Description of noncash property given (c) (c) Description of noncash property given (c)	(b) (c) Description of noncesh property given (c) (b) (c) (c) FMV (or estimate) (see instructions) (c) (c) FMV (or estimate) (see instructions) (c) (b) FMV (or estimate)

Employer identification number

02-0687863

Name of org	ganization		Employer identification number
סים זרו ג	APHASIA CENTER		02-0687863
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(he following line entry. For organization c., contributions of \$1,000 or less for t al snace is peeded	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(0) Transfor of sitt	
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee

(Form 990)

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. id its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information	about	Schedule	D	(Form	990)	an

Employer identification number

	ADLER APHASIA CENTER	02-0687863
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	-
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
_	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
~	violations, and enforcement of the conservation easements it holds?	
6 7	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the volume of expenses insurred in monitoring, inspecting, and enforcing conservation easements during the volume of expenses insurred in monitoring.	
7 8	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
5	include, if applicable, the text of the footnote to the organization cascineria in the revenue and expense state	
	conservation easements.	gamzation o accounting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	· · · · ·
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990. Part VIII. line 1	▶ \$

\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@contnued] a Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply). a Deplois exhibition d Loan or exchange programs b Scholarly research e Other c Presention for future generations e Other c Departs within the organization solution colar, historical treasures, or other similar assets to be add to explore than to be maintained as part of the organization colarchor? Yes No Part IV Escrow and Custodial Arrangements. Complete the following table: Yes No a If the organization and anyot, trustee, custodian or other intermodiary for contributions or other assets not included on form 500, Part X in a 21. Ta lis the organization angent, trustee, custodian or other intermodiary for contributions or other assets not included on form 500, Part X in a 21. a Bagining balance 1d domination they asset 1d domination a Beginning other expanzion in collections and norm 600, Part X in a 21. 1d domination in they asset to form 500, Part X in a 21. a Beginning of year balance 1g id domination is thost asthey asset to form 500, Part X in a 21.		, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,	PHASIA CEN						02-06			age 2
cleack at that apply: a Police exhibition b Scholarly research c Provide acception of the organization's collections and explain how they further the organization's oxempt purpose in Part XIII. 5 Uning the year, did the organization's collections and explain how they further the organization's oxempt purpose in Part XIII. 6 Other 7 Provide acception of the organization's collection? 7 Provide acception of the organization's collection? 7 Provide acception of the organization accelection? 8 Provide acception of the organization accelection? 9 If *the organization accelection? 14 Intermediation accelection? 15 Testing balance 26 Amount 16 Distributions during the year 16 Indig balance 28 Distributions action instate and provide an amount on Fom 990, Part X, line 21? 18 Beginning of year balance 19 Orthor expenitation		<u></u>		-							,	
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(ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 46911.15879.31032. 31032. 31032. c Leasehold improvements 113527.73658.39869. 39869. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) Not 10(c). Not 20(c).		-									Yes	
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 46911. c Leasehold improvements 113527. d Equipment 113527. e Other 113527. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) None (C).		(II) related organizations								3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										30		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	_			owment	tunds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Fai			Dort IV	line 11e S	00 Eorm 000	Dort V	line 10				
basis (investment) basis (other) depreciation 1a Land 46911. 15879. 31032. b Buildings 46911. 15879. 31032. c Leasehold improvements 46911. 15879. 31032. d Equipment 113527. 73658. 39869. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 70901.										(-1) D1		
1a Land 46911. 15879. 31032. b Buildings 46911. 15879. 31032. c Leasehold improvements 46911. 15879. 31032. d Equipment 113527. 73658. 39869. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 70901.		Description of property	• • •				• • •			(a) Bool	k value	Э
b Buildings 46911. 15879. 31032. c Leasehold improvements		Land		nony	00313		ue	PICCIALIO				
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 73658. 70901.						16011		150	79		210	32
d Equipment								T.00	• • • •		<u> </u>	54.
e Other 113527. 73658. 39869. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 70901.												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					1	13527		726	58		200	<u>60</u>
				V oolu				130				
	Iotal	Aud lines 1a through 1e. (Column (a) must e	iyuai ruiiii 990, Part	∧, coiun	ııı (⊡), ilne T	u(c).)			Sobodula			

Schedule D (Form 990) 2

ADLER APHASIA CENTER

Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2)(3) (4) (5) (6) (7)(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability 1. Federal income taxes (1) 17480 ACCRUED SALARIES AND TAXES (2) SALES TAX PAYABLE 1248(3) (4) (5)

►

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔟

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

2.

(6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2013

18728.

Sche	edule D (Form 990) 2013 ADLER APHASIA CENTER			02 - 0	687863 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1609170.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b					
с					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1609170.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-67973.		
С	Add lines 4a and 4b			4c	-67973.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1541197.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retur	า.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1388693.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	67973.		
е	Add lines 2a through 2d			2e	67973.
3	Subtract line 2e from line 1			3	1320720.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1320720.
Pa	rt XIII Supplemental Information.				

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

Part X, Line 2:

ADD BACK FUNDRAISING EXPENSES NETTED WITH FUNDRAISING

REVENUE

Part XII, Line 2d - Other Adjustments:

DEDUCT FUNDRAISING EXPENSES NETTED WITH FUNDRAISING REVENUE

FORM 990, SCHEDULE D, PART XI, LINE 4b

Explanation: FUNDRAISING EXPENSES ARE NETTED WITH FUNDRAISING REVENUE

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization	mental Information Regarding the organization answered "Yes" to organization entered more than \$ ► Attach to Form 99 on about Schedule G (Form 990 or 990-EZ APHASIA CENTER	Form 9 15,000 0 or Fo	990, P on Fo rm 99	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047 2013 Open To Public Inspection entification number 7 8 6 3	
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not								
 a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writt key employees listed in Form 99 	raised funds through any of the follow e Solicita ions f Solicita g Specia en or oral agreement with any individua 0, Part VII) or entity in connection with individuals or entities (fundraisers) pur	ation of ation of al fundra al (includ profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru iundraising services?	stees ?	🗌 Ye		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
3 List all states in which the organiz or licensing.	ration is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt from	registration	

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 ADLER APHASIA CENTER

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and group of fundraising event contri	-						
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))			
anu			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	418950.			418950.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	418950.			418950.			
	4	Cash prizes							
(0	5	Noncash prizes							
pense	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Ū	8	Entertainment	(8082						
	9	Other direct expenses			`	67973. 67973.			
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				350977.			
Pa		Gaming. Complete if the organization							
		\$15,000 on Form 990-EZ, line 6a.	İ.	(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Re	1	Gross revenue							
ses	2	Cash prizes							
Expens	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
_	5	Other direct expenses			1				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)						
0	En	ter the state(s) in which the organization opera	too aomina optivitioo:						
		the organization licensed to operate gaming a	· · · _	states?		Yes No			
		No," explain:							
102	We	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax	vear?	Yes No			
		Yes," explain:			you::				

Sch	nedule G (Form 990 or 990-EZ) 2013 ADLER APHASIA CENTER 02	2-0687	863	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity operated in:	·····		
	a The organization's facility	13a		%
	b An outside facility			<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
14	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
I	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	No No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		9b, 10)b, 15b,
_		<u></u>		

Fartiv	Supplemental information (continued	<i>ג</i> ו	
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SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Name of the organization Information about Schedule I (Form 990) and its instructions is at www irs gov/form990 Name of the organization ADLER APHASIA CENTER Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 										
Image: control of the problem of the organization of gammation of the organization of gammation of the organization of government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance										
P.E.F. ISRAEL ENDOWMENT FUNDS, INC 317 MADISON AVE - NEW YORK, NY 10017	13-6104086		35000.	0.	FAIR MARKET VALUE		TO SUPPORT HADASSAH COLLEGE			
 2 Enter total number of section 501(c)(3) a 	-	-	ne line 1 table				<u> </u>			
3 Enter total number of other organization	is listed in the line									

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

ADLER APHASIA CENTER

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) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE L	
(Form 990 or 990-EZ))

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name	of the	organization

Employer identification number
02-0687863

\$

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
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ADLER APHASIA CENTER

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1		(b) Relationship between disqualified		(d) Cor	(d) Corrected?						
(a) Name	of disqualified person	person and organization	(c) Description of transaction	Yes	No						
	 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ 										

3	Enter the amount of tax,	, if any, on lin	e 2, above, r	eimbursed by	the organization	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Total					> \$							

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990 EZ) 2013 ADLER APHASIA CENTER Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990. Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person			(b) Relationship between interested person and the organization		(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
									Yes	No
MIKE	AND	ELAINE	ADLER	BOARD	MEMBERS,	MARR	301064.	PROVIDED IN		Х
				1						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: MIKE AND ELAINE ADLER

(b) Relationship Between Interested Person and Organization:

BOARD MEMBERS, MARRIED

(c) Amount of Transaction \$ 301064.

(d) Description of Transaction: PROVIDED IN-KIND SUPPLIES, RENT AND

UTILITIES TO THE ORGANIZATION THRU THEIR COMPANY.

(e) Sharing of Organization Revenues? = No

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Daut

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number 02-0687863

Name of the organization

ADLER APHASIA CENTER

(a) (b) Noncash contribution amounts reported on items contribution amounts reported on items contributed Form 990, Part VIII, line 1g Method of determining noncash contribution amounts reported on items contributed Form 990, Part VIII, line 1g 1 Art - Works of art	
1 Art - Works of art Image: Constraint of the second	
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Nathership, LLC, or trust interests 12 Securities - Niscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Archeological artifacts 23	
3 Art - Fractional interests Image: Constraint of the second	
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6 Cars and other vehicles Image: Cars and planes Image: Cars and planes 7 Boats and planes Image: Cars and planes Image: Cars and planes 8 Intellectual property Image: Cars and planes Image: Cars and planes 8 Intellectual property Image: Cars and planes Image: Cars and planes 9 Securities - Publicly traded Image: Cars and planes Image: Cars and planes 10 Securities - Closely held stock Image: Cars and planes Image: Cars and planes 11 Securities - Partnership, LLC, or trust interests Image: Cars and planes Image: Cars and planes 12 Securities - Miscellaneous Image: Cars and planes Image: Cars and planes Image: Cars and planes 13 Qualified conservation contribution - Historic structures Image: Cars and planes Image: Cars and planes Image: Cars and planes 14 Qualified conservation contribution - Other Image: Cars and planes Image: Cars and planes Image: Cars and planes 15 Real estate - Commercial Image: Cars and planes Image: Cars and	
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22 Historical artifacts	
23 Scientific specimens	
24 Archeological artifacts	
25 Other & (RENTAL OF FAC) X 3 288540 BASED ON ESTIMATED	
	0
26 Other ► (PRINTING, POST) X 3 12524. BASED ON ESTIMATED	
27 Other ► ()	Ť
28 Other ► ()	
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29	
	lo
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for	
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for	7
	X
b If "Yes," describe the arrangement in Part II.	7
	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
	X
b If "Yes," describe in Part II.	
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II.	

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

Schedule M (Form 990) (2013)

Part II	Supplemental Information. Provide the information required by Part L lines 30b, 32b, and 33, and whether the organization
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete
	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O	Supplemental Information to Form 000 or 000	E7	OMB No. 1545-0047
(Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-62	2013
Department of the Treasury nternal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f	form990	Open to Public Inspection
Name of the organizatio	n	Employer	identification numb

mployer identification nu 02-0687863

Form 990, Part VI, Section A, line 2:

ADLER APHASIA CENTER

Explanation: SEVERAL OF THE BOARD MEMBERS ARE RELATED BY BEING MEMBERS OF

THE SAME FAMILY.

Form 990, Part VI, Section B, line 11:

Explanation: A COPY OF THE FORM 990 WAS GIVEN TO MEMBERS OF THE BOARD TO

REVIEW BEFORE FORWARDING TO THE GOVERNMENT.

Form 990, Part VI, Section B, Line 12c:

Explanation: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND

ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING BOARD MEMBERS TO SIGN A DISCLOSURE FORM INDICATING IF THEY HAVE A CONFLICT AND IF

SO WHAT IT IS; OR THERE IS NO CONFLICT OF INTEREST.

Form 990, Part VI, Section B, Line 15:

Explanation: THE BOARD OF DIRECTORS REVIEWS AND APPROVES ANNUAL

COMPENSATION FOR EXECUTIVE DIRECTOR AND OTHER OFFICERS OR KEY EMPLOYEES, IF

ANY. THE USE OF DATA AS TO COMPARABLE COMPENSATION FOR A SIMILARLY

QUALIFIED PERSON IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

ORGANIZATIONS IS CONSIDERED. THE ORGANIZATION HAS CONTEMPORANEOUS

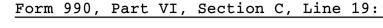
DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS

REGARDING THE COMPENSATION ARRANGEMENT.

Form 990, Part VI, Section C, Line 18:

Explanation: THE CENTER CONSIDERS ALL REQUESTS FOR THE FORM 990.

Name of the organization ADLER APHASIA CENTER



Explanation: ALL REQUEST FOR DOCUMENTS ARE CONSIDERED AND WOULD BE

AVAILABLE UPON REQUEST.

PART XII, LINE 2C: RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT PROCESS

Explanation: THE CENTER'S FINANCE COMMITTEE ARE RESPONSIBLE FOR THE

OVERSIGHT OF THE AUDIT PROCESS.

2013 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	CORNICES, FURNITURE AND CHAIR UPHOLSTE		200DB	7.00	17	7270.			7270.	7270.		0.
4	ROOF TOP AIR CONDITIONER & ENTRA	070103	SL	39.00	17	46911.			46911.	14315.		1564.
5	COMPUTER EQUIPMENT	063005	200DB	3.00	17	2235.			2235.	2235.		0.
6	COMPUTER EQUIP (DONATED)	123005	200DB	5.00	17	8045.			8045.	8045.		0.
7	SOFTWARE	123106	200DB	5.00	17	6750.			6750.	6750.		ο.
8	COMPUTER EQUIPMENT	093006	200DB	5.00	17	3785.			3785.	3785.		0.
9	KITCHEN RENOVATION	103106	150DB	20.00	17	40273.			40273.	12417.		2014.
	ANNEX IMPROVEMENTS	063007	SL	5.00	16	3717.			3717.	3717.		0.
11	ANNEX COMPUTERS/ELECTRONI	093007	SL	5.00	16	3058.			3058.	3058.		Ο.
	ANNEX DESKS/FURNITURE	063007	SL	7.00	16	868.			868.	744.		124.
13	KITCHEN FURNITURE	063007	SL	7.00	16	5125.			5125.	4392.		733.
14	COMPUTER/PRINTERS	093007	SL	5.00	16	693.			693.	693.		0.
15	COMPUTERS	123107	SL	5.00	16	4270.			4270.	4270.		ο.
16	DEFIBRILATOR	041309	SL	5.00	16	1795.			1795.	1140.		432.
17	50" FLAT SCREEN TV	062309	SL	5.00	16	1300.			1300.	890.		210.
18	VIDEO CAMCORDER	122409	SL	5.00	16	811.			811.	675.		100.
19	COMPUTER MONITORS	071609	SL	5.00	16	1304.			1304.	933.		300.
20	COMPUTER	123110	SL	5.00	16	1213.			1213.	484.		241.

2013 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

Asset No.	Description	Date Acquire	ed Meth	d Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
21		0630	11SL	5.00	16	8553.			8553.	2565.		1711.
22	AMY COMPUTER,3 IPADS,NUSTEP EXCERC	0630	12SL	5.00	16	7437.			7437.	1488.		1488.
23	COMPUTERS AND SOFTWARE * Total 990 Page 10	0331	13SL	5.00	16	5025.			5025.			754.
	Depr					160438.		0.	160438.	79866.	0.	9671.

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

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

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I	Automatic 3-Month Extension of Time.	Only submit original (no copies needed).
--------	--------------------------------------	--

A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and	complete		
Part I only				
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reque	st an extension of time		
to file inco	me tax returns.	Enter filer's identifying number		
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) o		
print				
File by the	ADLER APHASIA CENTER	02-0687863		
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 60 WEST HUNTER AVENUE	Social security number (SSN)		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			

Enter the Return code for the return that this application is for (file a separate application for each return)	0	11	Γ
	-		

Application	Return	Application			Return		
For Code Is For							
Form 990 or Form 990-EZ	01	Form 990-T (corporation)					
Form 990-BL	02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
ADLER APHASIA (CENTER	R					
• The books are in the care of b 60 W. HUNTER AV	/ENUE	- MAYWOOD, NJ 07607					
Telephone No. ► 201-368-8585		Fax No. 🕨					
• If the organization does not have an office or place of business	s in the Ur	ited States, check this box		▶			
• If this is for a Group Return, enter the organization's four digit					check this		
box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright							
1 I request an automatic 3-month (6 months for a corporation							
August 15, 2014 , to file the exemp				The extension			
is for the organization's return for:	U	5					
► X calendar year 2013 or							
	. an	d ending					
, , <u>, , , , , , , , , , , , , , , , , </u>	/	3		_			
2 If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🗌 Initial return 🗌 Fina	al returi	n			
Change in accounting period							
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax. less any					
nonrefundable credits. See instructions.	,	,,,,	3a	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	refundable credits and		- -			
estimated tax payments made. Include any prior year overp	•		3b	\$	0.		
 Balance due. Subtract line 3b from line 3a. Include your pa 	,			- T			
by using EFTPS (Electronic Federal Tax Payment System).	,	, , ,	3c	\$	0.		
Caution. If you are going to make an electronic funds withdrawal				nd Form 8879 FO f			

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

New Jersey Office of the Attorney General

Division of Consumer Affairs Office of Consumer Protection Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

Form CRI-300R Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1.	This statement contains the facts and financial information for the fiscal year ending: $\frac{12/31/2013}{\frac{1}{100000000000000000000000000000000$
2.	Federal ID Number (EIN) 02-0687863 2a. N.J. Charities Registration Number: CH-2367700
3.	Full legal name of the registering organization: ADLER APHASIA CENTER In care of: (if necessary, otherwise leave this line blank)
4.	Mailing Address: 60 WEST HUNTER AVENUE, MAYWOOD, NJ 07607
NO	TE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.
5.	The principal street address of the registering organization Street Address City State ZIP Code X Same as Mailing Address Street Address City State ZIP Code
6.	Does the organization have any offices in New Jersey in addition to the one listed above? If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.
6a.	If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed. ADLER APHASIA CENTER 60 W. HUNTER AVENUE, MAYWOOD, NJ 07607
	Contact person Street address City State ZIP Code 201 – 368 – 8585 Telephone number (include area code) Fax number (include area code)
7.	Organization's contact information: 201-368-8585 Telephone number (include area code) Fax number (include area code) WWW.ADLERAPHASIACENTER.ORG
	E-mail address Web site
8.	Type of organization (check one):
	X Nonprofit corporation Foundation Individual Association Society Partnership Trust Other (Specify)

9.	Where and when was the organization legally established? Date: 08/26/2003 State: NJ
	As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes If "Yes," indicate all of the other names used:
11.	Does the organization intend to solicit contributions from the general public? X Yes No
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? Ves X No If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes X No If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
	See Statement 1
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration. <u>Already Exists-CONDUCT DAY TO DAY PROGRAM ACTIVITIES FOR PEOPLE</u> -WITH APHASIA
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes X No If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes X No If "Yes," please describe the situation.
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year- end being reported? Yes X No If "Yes," please explain:
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? X Yes No a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes X No b. Has a tax exemption been granted under another I.R.S. code? Yes X No If "Yes," advise which one: c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes X No If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18.	organization ever entered i If "Yes," attach to this regis	nto any voluntary agreement of d stration a copy of the denial, susp	table activities denied, suspended, or iscontinuance with any government pension, revocation or voluntary agree evocation, attach to this registration	al entity? eement of disconti	Yes X No inuance. If the document
19.	a settlement of an administ agency or officer?	•	of voluntary compliance or similar oro g, with or without an admission of lia ment.	•	
20.	practices in the solicitation such proceedings pending If "Yes," attach to this regis	of contributions or administration in this or any other jurisdiction? stration photocopies of any and a	executive personnel or trustees even of charitable assets or been enjoin all written documentation (such as a show the final disposition of the math	ed from soliciting	contributions, or are
21.	of any criminal offense con involving untruthfulness or	nmitted in connection with the pe dishonesty or any criminal offens	trustees or principal salaried execur rformance of activities regulated und re relating adversely to the registrant signilar disposition of alleged crimin	der this act or any t's fitness to perfo	criminal or civil offense rm activities regulated
22.	administrative or civil action in an administrative or civil practice in relation to the s	n involving theft, fraud, or decept action shall include, but is not lin olicitation of contributions or the ual(s) below and attach to this re	s or principal salaried executive staff ive business practices? For purpose nited to, any finding or admission tha administration of charitable assets. gistration a copy of any order, judgn	es of this question at the individual en	a judgment of liability ngaged in an unlawful Yes X No
23.	Provide the following inform	nation for each officer, director, t	rustee and the five most-highly comp	pensated executiv	e staff employees:
	Name See Statemen	Business address	Telephone number (include area code)	Title	Salary

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization									
Full legal name:	ADLER	APHASIA	CENTER						
Fiscal year-end b	Fiscal year-end being reported: $\frac{12/31/2013}{\frac{10011}{100} \frac{12}{100}}$ Federal ID Number (EIN) $\frac{02-0687863}{100}$								
Mailing address: 60 WEST HUNTER AVENUE, MAYWOOD, NJ 07607									
Mailing /	Address		P.O. Box Nume	ber or Suite		City		State	ZIP Code
Street address of	of the reaiste	ring organizatio	n: 60 WEST	HUNTER	AVENUE,	MAYWOOD,	NJ	07607	
				Address		City		State	ZIP Code
New Jersey Charities Registration number: CH 2367700 -00 Telephone number: 201-368-8585 (include area code)									

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

	(1)	Direct mail
	(2)	Telephone solicitation
	(3)	Commercial co-venture
	(4)	Gross receipts from fund-raising events
	(5)	Canisters, counter cards, door to door etc
	(6)	Corporations and other businesses
	(7)	Foundations and trusts
	(8)	Donated land, buildings, property, equipment and materials
	(9)	Legacies and bequests
	(10)	Membership dues solely resulting from solicitations
	(11)	Other support (specify)
Line A1b.	Total Direct F	Public Support (add lines A1a(1) through A1a(11))
Line A1c.	Indirect Publi	c Support received from the following sources:
	(1)	Federated fund-raising organization
	(2)	From an affiliated organization
	(3)	From another fund-raising organization
Line A1d.	Total Indirect	Public Support (add lines A1c(1) thru A1c(3))
Line A1e.	Total Gross	Contributions (add lines A1b and A1d)

Government grants including purchase of service contracts (specify agency)	
Other Support	
a. Bona fide membership	
d. Miscellaneous income (specify)	
Total Other Support (add the total of lines A3a thru A3d)	
Total Gross Revenue (add lines A1e, A2e and A3e)	
Program expenses	
Fund-raising expenses	
Payments to state/national affiliates (if applicable)	
r Deficit	
l year-end (subtract line B5 from line A4)	
ance	
Net assets or fund balances at beginning of year	
Other changes in net assets or fund balances (attach explanation)	
· · · · · · · · · · · · · · · · · · ·	
	a.

should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <u>http://www.njconsumeraffairs.gov/ocp/charities.htm</u>.

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

Organization's Name: ADLER APHASIA CENTER						
N.J. Charities Registration Number: CH- 236770000 Federal ID Number (EIN) 02-0687863						
Fiscal Year-End being reported: 12/31/2013						
24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:						
 a. each other? a. each other? b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? b. Yes c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships. See Statement 3 25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes Xo If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.						
We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.						
We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.						
SignatureName MILTON KAHNTitle TREASURER Date						
SignatureName KAREN TUCKER Title EXEC. DIRECTOR Date						

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

1

Form CRI-300R	Description of Specific Programs	Statement
	and Charitable Purposes	
	Page 2, Line 14	

Description

THROUGH OUR INNOVATIVE GROUP PROGRAMMING, WE FOSTER HOPE, BREAK DOWN BARRIERS TO COMMUNICATIONS, CREATE OPPORTUNITIES FOR SOCIAL CONNECTION, ADVOCATE THROUGH RESEARCH AND EDUCATION INITIATIVES, AND PROVIDE A THERAPEUTIC ENVIRONMENT THAT PROMOTES SUCCESSFUL LIVING WITH APHASIA.

Form CRI-300R	List of Officers, D and Five Most High			Statement	2
				- 1 1	
Name of Individual		Title		Telephone No.	
KAREN TUCKER		EXECUTIVE DI	RECTOR		
Address					
60 WEST HUNTER AVENU MAYWOOD, NJ 07607	JE				
Salary					
113758.					
Name of Individual		Title		Telephone No.	
MIKE ADLER		BOARD MEMBER			
Address					
60 WEST HUNTER AVENU MAYWOOD, NJ 07607	JE				
Salary					
0.					
Name of Individual		Title		Telephone No.	
ELAINE ADLER		BOARD MEMBER			
Address					
60 WEST HUNTER AVENU MAYWOOD, NJ 07607	JE				
Salary					
0.					
-					

ADLER APHASIA CENTER

02-0687863

ADLER APHASIA CENTER		02-0687863
Name of Individual	Title	Telephone No.
CHARLES BERKOWITZ	PRESIDENT	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
JAMES ADLER	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
WILLIAM ADLER	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
DAVID ALBALAH	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		

ADLER APHASIA CENTER		02-06	87863
Name of Individual	Title	Telephone	No.
BILL ZIPSE	BOARD MEMBER		
Address			
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607			
Salary			
0.			
Name of Individual	Title	Telephone	No.
ANGELICA BERRIE	BOARD MEMBER		
Address			
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607			
Salary			
0.			
Name of Individual	Title	Telephone	No.
DIANA DIGIROLAMO	BOARD MEMBER		
Address			
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607			
Salary			
0.			
Name of Individual	Title	Telephone	No.
NICHOLAS FELICE	BOARD MEMBER		
Address			
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607			
Salary			
0.			

ADLER APHASIA CENTER		02-0687863
Name of Individual	Title	Telephone No.
SANDRA GOLD	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
SOPHIE HEYMANN	VICE PRESIDENT	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
JAMES GLOZZY	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
ELLEN JACOBS	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		

ADLER APHASIA CENTER		02-0687863
Name of Individual	Title	Telephone No.
BERNARD KOSTER	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
SUSAN PENN	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
JEFFREY WARREN	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
JODIE EPSTEIN	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		

ADLER APHASIA CENTER		02-06	587863
Name of Individual	Title	Telephone	No.
WILLIAM MURRAY	BOARD MEMBER		
Address			
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607			
Salary			
0.			
Name of Individual	Title	Telephone	No.
LINDA BOWDEN	BOARD MEMBER		
Address			
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607			
Salary			
0.			
Name of Individual	Title	Telephone	No.
WALTER HECHT	BOARD MEMBER		
Address			
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607			
Salary			
0.			
Name of Individual	Title	Telephone	No.
MILTON KAHN	SECRETARY/TREASURER		
Address			
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607			
Salary			
0.			

ADLER APHASIA CENTER		02-0687863
Name of Individual	Title	Telephone No.
STEVEN MOREY GREENBERG	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
ANTHONY IOVINO	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
JILL TEKEL	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		
Name of Individual	Title	Telephone No.
GREGG PADAVANO	BOARD MEMBER	
Address		
60 WEST HUNTER AVENUE MAYWOOD, NJ 07607		
Salary		
0.		

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SEVERAL OF THE BOARD MEMBERS ARE RELATED BY BEING MEMBERS OF THE SAME FAMILY