

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.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANTI-DEFAMATION LEAGUE			D Employer identification number 13-1818723
	Doing Business As			E Telephone number (212) 885-7700
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 69,971,677.
	605 THIRD AVENUE			
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10158-3560			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: ABRAHAM H. FOXMAN, NAT'L DIR. C/O ADL - 605 THIRD AVENUE NEW YORK, NY 10158-3560				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.ADL.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1946		M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE NOTE IN SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	346.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	343.		
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	425.		
	6 Total number of volunteers (estimate if necessary)	6	3,500.		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0			
b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	49,594,463.	Current Year	58,408,908.
	9 Program service revenue (Part VIII, line 2g)		906,241.		937,397.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-21,487.		-21,403.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,095,693.		2,041,458.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		53,574,910.		61,366,360.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,650.		38,400.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		31,261,292.		31,378,173.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		224,348.		173,581.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,247,783.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,657,671.		26,547,405.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		52,183,961.		58,137,559.
19 Revenue less expenses. Subtract line 18 from line 12		1,390,949.		3,228,801.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	31,355,548.	End of Year	30,925,474.
	21 Total liabilities (Part X, line 26)		48,933,648.		39,737,425.
	22 Net assets or fund balances. Subtract line 21 from line 20.		-17,578,100.		-8,811,951.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MICHAEL A. KELLMAN Type or print name and title		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ GRANT THORNTON LLP		11/12/2014		
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057			Phone no. 212-599-0100	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 01/01, 2013, and ending 12/31, 2013

Department of the Treasury
Internal Revenue Service

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

2013

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

ANTI-DEFAMATION LEAGUE

13-1818723

Name and title of officer

MICHAEL A. KELLMAN, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>61366360.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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

I authorize GRANT THORNTON LLP to enter my PIN [REDACTED] as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [REDACTED]

Date ▶ 11-12-2014

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.

[REDACTED]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [REDACTED]

Date ▶ 11-12-2014

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Cumulative e-File History 2013	
Federal	
Locator:	12840P
Taxpayer Name:	Anti-Defamation League
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	11/12/2014 15:06:15
Acknowledgement Date:	11/12/2014 15:34:51
Status:	Accepted
Submission ID:	1303722014316500001

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 20,737,458. including grants of \$ 11,400.) (Revenue \$ 0)

ATTACHMENT 2

4b (Code: _____) (Expenses \$ 7,432,449. including grants of \$ 0) (Revenue \$ 0)

ATTACHMENT 3

4c (Code: _____) (Expenses \$ 6,020,065. including grants of \$ 22,000.) (Revenue \$ 937,397.)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.)

(Expenses \$ 12,970,961. including grants of \$ 5,000.) (Revenue \$ 0)

4e Total program service expenses ▶ 47,160,933.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	X	
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? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
28 c 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? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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 "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35 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 "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (346), 1b (343), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL A. KELLMAN, CFO C/O ADL - 605 THIRD AVENUE NEW YORK, NY 10158 212-885-7700

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY CURTISS-LUSHER NAT'L CHAIR, CH DEVEL COMM'TE	20.00 2.50	X		X				0	0	0
(2) ROBERT H NAFTALY TREAS, NAT'L COMM'N; CH, AUDIT	7.00 5.50	X		X				0	0	0
(3) ERWIN PEARL ASST TREAS, NAT'L COMMISSION	2.00 0	X		X				0	0	0
(4) THOMAS C HOMBURGER SECRETARY, NAT'L COMMISSION	2.00 3.50	X		X				0	0	0
(5) STANFORD BARATZ ASST SECRETARY, NAT'L COMMIS'N	2.00 0	X		X				0	0	0
(6) BARBARA B BALSER PAST NAT'L CHAIR, NAT'L COMMIS	2.00 .50	X		X				0	0	0
(7) HOWARD P BERKOWITZ PAST NAT'L CHAIR, NAT'L COMMIS	2.00 1.50	X		X				0	0	0
(8) KENNETH J BIALKIN PAST NAT'L CHAIR, NAT'L COMMIS	2.00 .50	X		X				0	0	0
(9) BURTON JOSEPH (DECEASED: 3/13) PAST NAT'L CHAIR, NAT'L COMMIS	2.00 .50	X		X				0	0	0
(10) BURTON S LEVINSON PAST NAT'L CHAIR, NAT'L COMMIS	2.00 .50	X		X				0	0	0
(11) GLEN S LEWY PAST NAT'L CHAIR, NAT'L COMMIS	2.00 2.50	X		X				0	0	0
(12) MELVIN SALBERG PAST NAT'L CHAIR, NAT'L COMMIS	2.00 2.50	X		X				0	0	0
(13) DAVID H STRASSLER PAST NAT'L CHAIR, NAT'L COMMIS	2.00 1.50	X		X				0	0	0
(14) ROBERT G SUGARMAN PAST NAT'L CHAIR, NAT'L COMMIS	2.00 4.50	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) GLEN A TOBIAS ----- PAST NAT'L CHAIR, NAT'L COMMIS	2.00 1.50			X	X			0	0	0
16) MEYER EISENBERG ----- VICE CHAIR, NAT'L COMMISSION	2.00 0	X		X				0	0	0
17) JAMES GROSFELD ----- VICE CHAIR, NAT'L COMMISSION	2.00 .50	X		X				0	0	0
18) YOSSIE HOLLANDER ----- VICE CHAIR, NAT'L COMMISSION	2.00 0	X		X				0	0	0
19) CHARLES F KRISER ----- VICE CHAIR, NAT'L COMMISSION	2.00 1.50	X		X				0	0	0
20) STEVE I LYONS ----- VICE CHAIR, NAT'L COMMISSION	2.00 0	X		X				0	0	0
21) CYNTHIA MARKS ----- VICE CHAIR, NAT'L COMMISSION	2.00 0	X		X				0	0	0
22) RUTH MOSS ----- VICE CHAIR, NAT'L COMMISSION	2.00 0	X		X				0	0	0
23) GEORGE STARK ----- VICE CHAIR, NAT'L COMMISSION	2.00 1.50	X		X				0	0	0
24) GERALD STEMPLER ----- VICE CHAIR, NAT'L COMMISSION	2.00 0	X		X				0	0	0
25) MARK WILF ----- VICE CHAIR, NAT'L COMMISSION	2.00 0	X		X				0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								2,508,207.	747,929.	450,310.
d Total (add lines 1b and 1c)								2,508,207.	747,929.	450,310.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 22

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MYRON ZIMMERMAN (UNTIL: 1/13) VICE CHAIR, NAT'L COMMISSION	2.00 0	X		X			0	0	0	
(27) LEONARD ABESS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(28) STEPHEN I ADLER MBR NC; CHAIR WASHT'N AFFAIRS	6.00 0	X					0	0	0	
(29) PETER M ALTER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(30) DAVID E APPEL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(31) DINA BAKST MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(32) RONALD D BALSER MEMBER, NAT'L COMMISSION	1.00 .50	X					0	0	0	
(33) RICHARD BARTON MBR NC; CHAIR EDUC COMMITTEE	6.00 0	X					0	0	0	
(34) JOAN BELKIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(35) STEVEN B BELKIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(36) DANIEL J BELLER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MARTIN BELSKY ----- MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(38) RIVA T BERELSON ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(39) MARVIN BERENBLUM ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(40) BARRY S BERG ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(41) ERIC BERG ----- MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(42) JOAN E BERGER ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(43) JOSEPH S BERMAN ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(44) JARED O BLUM ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(45) LINDA J BLUM ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(46) DAVID BODNEY ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(47) BRIAN B BOORSTEIN ----- MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) LYNNE Y BORSUK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(49) MICHAEL E BOTNICK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(50) CYNTHIA D BRODSKY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(51) REVALEE BRODY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(52) BERNARD BROWNSTEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(53) DAVID P BUCHHOLTZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(54) MARTIN L BUDD MBR NC; CH OUTRCH & INTERFAITH	6.00 1.50	X					0	0	0	
(55) SHELDON O BURMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(56) MICHAEL A CHERRY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(57) EVAN R CHESLER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(58) JASON CHUDNOFSKY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) LINDA J CLIFTON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(60) H RODGIN COHEN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(61) ADAM M COLE MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(62) FAITH COOKLER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(63) JONATHAN COOKLER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(64) LAWRENCE COOPER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(65) ELLIOT J COSGROVE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(66) STEVEN CROWN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(67) STEVEN DANIELS MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(68) WILLIAM C DAVIDSON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(69) WARREN DAVIS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) DIANE LIPTON DENNIS (A:11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(71) JEFFREY DIAMOND MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(72) MARK DILLON MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(73) MITCHELL B DUBICK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(74) JOANNE EGERMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(75) JAY W EISENHOFER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(76) MARSHALL ELOVICH MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(77) ESTA G EPSTEIN MBR NC; CHAIR EDUC COMMITTEE	6.00 .50	X					0	0	0	
(78) NORMAN L EPSTEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(79) ROBERT EPSTEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(80) KENNETH H FEILER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
81) REBECCA FEIN LUKS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
82) EARL N FELDMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
83) ELAINE FEUER-BARTON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
84) SUSAN FINE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
85) JUDITH FINKEL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
86) MARK S FINKELSTEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
87) MICHAEL FINKELSTEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
88) HOWARD M FISCHER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
89) BARBARA FISHBEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
90) A CRAIG FLEISHMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
91) JOSH FORCE MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) SHERRIE FRACHTMAN ----- MBR, NAT'L COMM'N; REG'L BD CH	5.00 ----- 0	X					0	0	0	
(93) ANDREW FRACKMAN ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
(94) CHARLOTTE K FRANK ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
(95) JULIANNA K FRIEDMAN ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
(96) SUE-ANN FRIEDMAN ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
(97) JULIE GAL ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
(98) LORI GANS ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
(99) NATHAN GANTCHER ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
(100) HAROLD C GARNICK ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
(101) SETH M GERBER ----- MBR, NAT'L COMM'N; REG'L BD CH	5.00 ----- 0	X					0	0	0	
(102) IRVING M GESZEL ----- MEMBER, NAT'L COMMISSION	1.00 ----- 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) PHILLIP GINSBURG MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(104) MARCIA GLASSEL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(105) JONATHAN I GLEKLEN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(106) LAWRENCE E GLICK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(107) RICHARD D GLOVSKY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(108) NEIL GOLDBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(109) WILLIAM H GOLDBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(110) JANE W GOLDBLUM MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(111) JOSEPH A GOLDBLUM MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(112) PEGGY GOLDMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(113) ANDREW GOLDMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) EUGENE GOLDSTEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(115) HOWARD W GOLDSTEIN MBR NC; CH ADMIN	6.00 1.50	X					0	0	0	
(116) LEON C GOLDSTEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(117) ROSLYN GOLDSTEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(118) ALAN H GOODMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(119) CECILIA GOODMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(120) MARTIN F GREENBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(121) JEFFREY B GREENE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(122) EILEEN GREENLAND MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(123) JANE CUTLER GREENSPAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(124) KARYN GREENWALD MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) MURRAY GREIFF MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(126) DAVID GROSSMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(127) TRACY GROSSMAN (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(128) FRANKLIN J HARBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(129) JOHN B HARRIS MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(130) GERALD W HARTER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(131) SHELDON HEARST MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(132) DAVID S HERSHBERG MEMBER, NAT'L COMMISSION	1.00 1.00	X					0	0	0	
(133) EILEEN HERSHBERG (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(134) EDWARD S HERSHFIELD MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(135) DAVID B HERTZOG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) GAIL GOLDSTEIN HEYMAN (U:11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(137) DAVID HIRSON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(138) IRWIN HOCHBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(139) SUSAN KATZ HOFFMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(140) LOUISE P HOMBURGER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(141) ERIC HORODAS REG'L BD CH; CH DEVEL COMM'TE	9.00 2.50	X					0	0	0	
(142) GERALD D HOROWITZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(143) MICHAEL E HOROWITZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(144) DAVID M ICKOVIC MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(145) ALLAN J JACOBS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(146) ROCHELLE JACOBSON MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) KENNETH M JARIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(148) MAX JAVIT MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(149) PATRICK JENSEN MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(150) ELIZABETH JICK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(151) WILLIAM JOEL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(152) SAMUEL K JONAS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(153) WALTER JOSPIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(154) ROBERT J JOSSEN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(155) MARK JUSTER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(156) RHODA KAHN NUSSBAUM MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(157) DENNIS G KAINEN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) DENNIS R KANIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(159) MARC B KAPLIN MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(160) SHELLY KASSEN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(161) ALFRED D KATZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(162) CECELIA E KATZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(163) JOEL M KAYE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(164) JACK KLEIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(165) ROBERT KLUGMAN MBR NC; CH M&C COMMITTEE	6.00 0	X					0	0	0	
(166) MURRAY KOPPELMAN MEMBER, NAT'L COMMISSION	1.00 .50	X					0	0	0	
(167) PHILIP KORN (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(168) GERALD KRAMER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) KENNETH S KRANZBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(170) MICHAEL P KRASNY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(171) CHARLES J KURLAND MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(172) JAMES KURTZ-PHELAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(173) GARY J KUSHNER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(174) DOUGLAS S LAND MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(175) ELLIS LANDAU MBR, NAT'L COMM'N; REG'L BD CH	5.00 .50	X					0	0	0	
(176) HOWARD LANDAU MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(177) RUTH L LANSNER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(178) JONATHAN LAVINE (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(179) ALLEN M LAWRENCE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) FREDERICK M LAWRENCE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(181) ALAN LAZOWSKI MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(182) JONATHAN LEADER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(183) THOMAS J LEANSE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(184) MELVIN LECHNER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(185) BRUNO LEDWIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(186) MICHAEL LERNER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(187) BRADLEY A LEVIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(188) JEFFREY S LEVINGER MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(189) GARY H LEVINSON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(190) BARRY LEVITT MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191)	BEVERLY LEVY (DECEASED 3/14) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(192)	DANIEL M LEVY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(193)	MARVIN LEVY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(194)	SAMUEL LEVY (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(195)	MAURICE LEWITT MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(196)	GINNY MACDOWELL MBR NC; CH OUTRCH & INTERFAITH	6.00 0	X					0	0	0	
(197)	AUDREY MAGID MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(198)	ARNOLD L MANHEIMER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(199)	SYLVIA R MARGOLIES MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(200)	DANIEL MARIASCHIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(201)	MITCHELL MARKOW MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) JAMES G MARKS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(203) GREGG M MASHBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(204) BARRY MEHLER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(205) LEAH MENDELSON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(206) FRED MENOWITZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(207) LAURA MERAGE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(208) MICHAEL MERLIN MBR, NAT'L COMM'N; REG'L BD CH	5.00 1.00	X					0	0	0	
(209) WILLIAM MEYER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(210) JUDITH MEYER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(211) LAWRENCE J MILLER MEMBER, NAT'L COMMISSION	1.00 1.50	X					0	0	0	
(212) DAVID J MILLSTONE MEMBER, NAT'L COMMISSION	1.00 .50	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) JACOB MOROWITZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(214) MARSHA MOSES MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(215) NANCY PARRIS MOSKOWITZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(216) GEORGE E MOSS MEMBER, NAT'L COMMISSION	1.00 3.50	X					0	0	0	
(217) RICHARD F MOSS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(218) WILLIAM G MOWAT MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(219) NICOLE MUTCHNIK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(220) MARVIN D NATHAN MBR NC; CH PLANNING COMM'TE	6.00 .50	X					0	0	0	
(221) JEFFERY S NEWBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(222) JONAH A NEUMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(223) STEVEN B NICHOLS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) RICHARD M NODEL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(225) HARRIET M NORRIS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(226) NEIL B OBERFELD MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(227) NORMAN F OBLON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(228) ROBERT OGAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(229) CAROL OSTROW MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(230) JEFFREY M PARKER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(231) SHELLEY PARKER MBR NC; CHAIR BUDGET COMMITTEE	6.00 3.50	X					0	0	0	
(232) DENNIS PASSIS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(233) ROSS PEARLSON MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(234) ROBERT PERGAMENT MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) MICHAEL PERLOW MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(236) LORNE R POLGER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(237) ALBERT A POLLANS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(238) AVNER PORAT MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(239) JANET POZMANTIER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(240) LIZ PRICE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(241) HARVEY R PRINCE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(242) SUZANNE PRINCE MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(243) DAVID B PUDLIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(244) STEPHEN QUEEN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(245) JOHN A RAPHAEL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) LARRY RASKY MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(247) ALAN M RAUSS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(248) MARLENE RECHT MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(249) SEYMOUR D REICH MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(250) ARTHUR REIDEL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(251) MARC REISSNER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(252) BURTON P RESNICK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(253) MYRON J RESNICK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(254) BEVERLY RIPPS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(255) JEFF ROBBINS MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(256) RACHEL F ROBBINS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) BERNARD ROBERTS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(258) ISRAEL ROIZMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(259) LAWRENCE ROSENBLUM MBR, NAT'L COMM'N; IA CH	6.00 2.50	X					0	0	0	
(260) GIDEON ROTHSCHILD MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(261) MICHAEL I ROTHSTEIN MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(262) ARNOLD G RUBIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(263) GEORGE C RUDOLPH MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(264) JAMES L RUDOLPH MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(265) MARGERY RUSSELL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(266) ALLAN A RYAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(267) LILY SAAD MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) LEONARD SAHN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(269) STEPHEN L SALTZMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(270) JEFFREY D SAPER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(271) MITCHELL H SARANOW MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(272) LEWIS A SASSOON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(273) BENJAMIN S SAX MBR NC; CH LEGACY COMM'TE	6.00 1.50	X					0	0	0	
(274) DAVID R SCHAEFER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(275) RICHARD M SCHAPS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(276) MARC J SCHNEIDER MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(277) JAN SCHNEIDERMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(278) MILTON S SCHNEIDER MEMBER, NAT'L COMMISSION	1.00 6.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) JUDITH SCHRAM MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(280) STEVE H SCHRAM MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(281) JOAN SCHULTZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(282) MARK R SCHUSTER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(283) DALE M SCHWARTZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(284) HAROLD W SCHWARTZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(285) PAMELA SCHWARTZ MBR, NC;CH REGIONAL OPS	6.00 1.50	X					0	0	0	
(286) HENRY SCHWOB MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(287) SARAH SCOTT MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(288) LINDA SELIG (UNTIL: 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(289) MICHAEL B SERLING MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) GIL R SEROTA MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(291) DOBORAH SHALOM (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(292) NEAL SHAPERO MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(293) KEITH SHAPIRO MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(294) HOWARD SHAPIRO MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(295) MICHAEL N SHEETZ MBR, NC,CH LEAD.	6.00 0	X					0	0	0	
(296) HOWARD A SHERWOOD MEMBER, NAT'L COMMISSION	1.00 .50	X					0	0	0	
(297) ANDREA SHPALL MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(298) MARTIN L SHULTZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(299) JEFFREY M SIMON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(300) PAMELA J SIMON MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) MEGHAN WHITE SKINNER MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(302) MOISHE SMITH MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(303) ANDREW C SNYDER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(304) HELEN WARREN SPECTOR MEMBER, NAT'L COMMISSION	1.00 .50	X					0	0	0	
(305) RICHARD G SPRING MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(306) ILENE STEIMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(307) LEIGH STEINBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(308) ROBYN STEINBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(309) SUSAN MARGULES STEINHARDT MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(310) ELLEN J STERNWEILER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(311) ALLAN STEYER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) ALEXANDER STOTLAND MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(313) STEPHEN D SUSMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(314) MARLA LERNER TANENBAUM MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(315) JAY TAUSSIG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(316) CHARLES E TAYLOR MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(317) ANDREW H TISCH MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(318) JAY L TOBIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(319) WENDY TONKIN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(320) SAM TRAMIEL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(321) TRACY L TREGGER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(322) MARJORIE J TREISMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) JEROME H TURK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(324) MARK S VIDERGAUZ MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(325) HERBERT A WAINER MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(326) JOHN WALLACH MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(327) LENORE WAX MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(328) ALLEN WAXMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(329) ALAN JAY WEIL MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(330) ROBERTA L WEIL MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(331) DAVID ILAN WEIS MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(332) MIRIAM WEISMAN MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X					0	0	0	
(333) EDWARD WEISSELBERG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) MARY WEISSMANN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(335) MITCHELL J WESELEY MBR NC; REG'L BD CH; CHAIR IT	9.00 0	X					0	0	0	
(336) BARRY WINOGRAD (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(337) CHRISTOPHER WOLF MBR NC; CH CR COMM'TE	6.00 .50	X					0	0	0	
(338) JACQUES WOLF MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(339) HARVEY J WOLKOFF MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(340) STEPHEN ZACK MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(341) FRED S ZEIDMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(342) MARJORIE ZESSAR (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(343) MARTINE ZINN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(344) ROBERT L ZUCHERMAN MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 63**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) ARIE ZWEIG MEMBER, NAT'L COMMISSION	1.00 0	X					0	0	0	
(346) ABRAHAM H FOXMAN NATIONAL DIRECTOR (SCHJ,PTIII)	20.00 20.00	X		X			343,550.	343,550.	59,838.	
(347) CLIFFORD SCHECHTER(9/13) CHIEF OPERATING OFFICER	29.00 11.00			X			192,798.	70,108.	39,154.	
(348) MICHAEL A KELLMAN CHIEF FINANCIAL OFFICER	24.00 16.00			X			154,686.	103,124.	39,154.	
(349) KENNETH JACOBSON DEPUTY NATIONAL DIRECTOR	40.00 0				X		240,808.	0	18,538.	
(350) IRA R WOLFSON ASSOC. NAT. DIR. OF REG. OPER.	40.00 0				X		214,552.	0	20,525.	
(351) DAVID S WAREN DIRECTOR OF EDUCATION	40.00 0				X		202,381.	0	38,015.	
(352) DEBORAH G LAUTER DIRECTOR OF CIVIL RIGHTS	40.00 0				X		193,442.	0	35,188.	
(353) STEVEN C SHEINBERG GENERAL COUNSEL	20.00 20.00				X		79,067.	79,067.	29,702.	
(354) AMANDA F SUSSKIND LA REGIONAL DIRECTOR	40.00 0					X	218,446.	0	19,131.	
(355) MICHAEL A SALBERG DIR. OF INTERNATIONAL AFFAIRS	40.00 0					X	207,731.	0	37,935.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	195,539.					
	b Membership dues	1b						
	c Fundraising events	1c	11,919,636.					
	d Related organizations	1d	14,114,536.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	32,179,197.					
	g Noncash contributions included in lines 1a-1f: \$		2,737,963.					
	h Total. Add lines 1a-1f			58,408,908.				
Program Service Revenue	Business Code							
	2a EDUCATIONAL TRAINING FEES		611710	937,397.	937,397.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f			937,397.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,475.			5,475.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			-26,878.			-26,878.
	8a Gross income from fundraising events (not including \$ <u>11,919,636.</u> of contributions reported on line 1c). See Part IV, line 18	a		8,909,364.				
		b Less: direct expenses	b	6,868,301.				
		c Net income or (loss) from fundraising events			2,041,063.			2,041,063.
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities				0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code					
11a INTEREST ON LOAN RECEIVABLE		900099	395.			395.		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			395.					
12 Total revenue. See instructions			61,366,360.	937,397.		2,020,055.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	1,500.	1,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	36,900.	36,900.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,877,290.	1,434,913.	225,360.	217,017.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	245,666.	245,666.		
7 Other salaries and wages	21,835,734.	17,439,429.	979,668.	3,416,637.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	519,626.	406,585.	26,765.	86,276.
9 Other employee benefits	4,884,636.	3,819,560.	234,287.	830,789.
10 Payroll taxes	2,015,221.	1,576,822.	103,801.	334,598.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	144,819.	20,859.	111,620.	12,340.
d Lobbying	8,000.	8,000.		
e Professional fundraising services. See Part IV, line 17.	173,581.			173,581.
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	0			
13 Office expenses	2,755,613.	2,009,745.	450,234.	295,634.
14 Information technology	998,322.	768,244.	166,307.	63,771.
15 Royalties	0			
16 Occupancy	6,371,625.	4,902,215.	1,178,686.	290,724.
17 Travel	1,717,795.	1,654,082.	28,667.	35,046.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,372,787.	2,284,780.	39,598.	48,409.
20 Interest	103,753.	35,793.	60,843.	7,117.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	944,756.	741,920.	160,543.	42,293.
23 Insurance	310,571.	243,892.	52,776.	13,903.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ADL GLOBAL 100 INDEX SURVEY</u>	4,562,500.	4,562,500.		
b <u>EDUCATION PROJ. & FUNCTIONS</u>	2,327,104.	2,156,998.	92,782.	77,324.
c <u>CREATIVE DESIGN</u>	700,857.	665,532.	35,325.	
d <u>RESEARCH MATERIALS</u>	175,815.	137,876.	12,142.	25,797.
e All other expenses	3,053,088.	2,007,122.	769,439.	276,527.
25 Total functional expenses. Add lines 1 through 24e	58,137,559.	47,160,933.	4,728,843.	6,247,783.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,800,535.	1,199,278.	196,206.	405,051.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	950,647.	1	1,262,847.
	2 Savings and temporary cash investments	5,766,329.	2	5,414,030.
	3 Pledges and grants receivable, net	8,951,159.	3	9,628,452.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	12,469.	5	11,864.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	382,500.	8	374,000.
	9 Prepaid expenses and deferred charges	571,501.	9	474,886.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,101,690.		
	b Less: accumulated depreciation	10b 11,723,778.	9,010,190.	10c 8,377,912.
	11 Investments - publicly traded securities	484,131.	11	251,545.
	12 Investments - other securities. See Part IV, line 11	238,600.	12	33,500.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	4,988,022.	15	5,096,438.
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,355,548.	16	30,925,474.	
Liabilities	17 Accounts payable and accrued expenses	6,377,700.	17	6,307,284.
	18 Grants payable	0	18	0
	19 Deferred revenue	663,944.	19	862,580.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,000,000.	23	4,000,000.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,892,004.	25	28,567,561.
	26 Total liabilities. Add lines 17 through 25	48,933,648.	26	39,737,425.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-24,085,498.	27	-14,869,778.
	28 Temporarily restricted net assets	6,507,398.	28	6,057,827.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-17,578,100.	33	-8,811,951.	
34 Total liabilities and net assets/fund balances	31,355,548.	34	30,925,474.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,366,360.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,137,559.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,228,801.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-17,578,100.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	24,000.
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,513,348.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-8,811,951.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (85.93%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (86.85%); 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV **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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
FUNDRAISING EVENTS	6,848,068.	7,492,416.	7,434,415.	8,365,554.	8,909,364.	39,049,817.
TOTALS	<u>6,848,068.</u>	<u>7,492,416.</u>	<u>7,434,415.</u>	<u>8,365,554.</u>	<u>8,909,364.</u>	<u>39,049,817.</u>

Schedule of Contributors

2013

▶ **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 www.irs.gov/form990.

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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

- 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., 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).

Name of organization **ANTI-DEFAMATION LEAGUE**

Employer identification number
13-1818723

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 14,114,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 7,563,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number
13-1818723

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II B

ADL HAS STAFF IN 28 OFFICES NATIONWIDE. OF THOSE BASED IN WASHINGTON, DC, ONE DEVOTED APPROXIMATELY 70% OF THEIR TIME TO LOBBYING; TWO DEVOTED APPROXIMATELY 75% AND ONE OTHER DEVOTED APPROXIMATELY 30%. THESE REPRESENTATIVES ENGAGED IN ADVOCACY ON LEGISLATIVE PROPOSALS RELATED TO FEDERAL HATE CRIME LAWS, GLOBAL ANTI-SEMITISM, THE MIDDLE EAST PEACE PROCESS, IMMIGRATION REFORM, THE USE OF GOVERNMENT MONEY TO FUND FAITH-BASED ORGANIZATIONS, AND COUNTER-TERRORISM PROPOSALS OUTSIDE OF WASHINGTON, DC., THE REGIONAL OFFICE STAFF ENGAGED IN NOMINAL LOBBYING ACTIVITY ON THE FEDERAL, STATE, AND LOCAL LEVELS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

ANTI-DEFAMATION LEAGUE

13-1818723

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part 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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2013

JSA 3E1268 2.000

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 4.0000%
b Permanent endowment 72.0000%
c Temporarily restricted endowment 24.0000%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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. (Column (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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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) SECURITY DEPOSITS	81,465.
(2) DUE FROM ADL FOUNDATION	4,733,467.
(3) OTHER ADVANCES AND ACCTS REC	31,506.
(4) REAL ESTATE	250,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,096,438.

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM PENSION OBLIGATION	20,905,530.
(3) DEFERRED RENT	7,662,031.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	28,567,561.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information (continued)

PART V

ENDOWMENT FUNDS FOR THE BENEFIT OF ADL ARE HELD BY THE ANTI-DEFAMATION LEAGUE FOUNDATION ("THE ADL FOUNDATION"), A RELATED ORGANIZATION, AND TWO UNRELATED ORGANIZATIONS.

PART V, LINE 4

THE ADL FOUNDATION ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PROGRAM PURPOSES (SEE ADL FOUNDATION FORM 990 PART III FOR STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS). AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2

AS REQUIRED UNDER FIN 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE FOLLOWING FOOTNOTE WAS INCLUDED IN NOTE (2)(A)(XI) OF THE CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION: "ADL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO ADL'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511 AND IS REPORTED AND PAID WITH THE INTERNAL REVENUE SERVICE FORM 990T (EXEMPT ORGANIZATION INCOME TAX RETURN)."

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ANTI-DEFAMATION LEAGUE

13-1818723

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA	1.	6.	PROGRAM SERVICES	SEE PART V	765,000.
(2) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		83,000.
(3) EUROPE	1.	2.	PROGRAM SERVICES	SEE PART V	84,000.
(4) EUROPE			INVESTMENTS		24,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	8.			956,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	8.			956,000.

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

Schedule F (Form 990) 2013

JSA
3E1274 1.000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

PART I, LINE 3(1), COLUMN E

MIDDLE EAST AND NORTH AFRICA: MAINTAINING RELATIONSHIPS WITH ORGANIZATIONS AND GOVERNMENTAL BODIES IN ISRAEL IN ORDER TO PROVIDE SUPPORT TO THE US OPERATION IN COMBATING ANTI-SEMITISM AND ADVOCATING FOR THE JEWISH PEOPLE.

PART 1, LINE 3(3), COLUMN E

EUROPE: FUND TRAINING OF ANTI-BIAS EDUCATION PROGRAMS FOR LAW ENFORCEMENT PROFESSIONALS, EDUCATORS, AND HUMAN RIGHTS NON-GOVERNMENTAL ORGANIZATIONS.

PART I, LINE 3, COLUMN F

THE ACCRUAL METHOD OF ACCOUNTING IS USED TO DETERMINE THE EXPENSES BY REGION.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

13-1818723

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TELEFUND, INC.	DONOR TELEMARKET		X	47,153.	48,972.	
2 SD&A TELESERVICES, INC.	DONOR TELEMARKET		X	48,737.	51,369.	
3 KAREN DAITCH	EVENT MANAGEMENT		X	218,470.	5,622.	212,848.
4 KAREN NOCHIMOWSKI	EVENT PLANNING		X	678,146.	20,895.	657,251.
5 EMPOWER EVENTS	EVENT MANAGEMENT		X	1,056,704.	46,723.	1,009,981.
6						
7						
8						
9						
10						
Total				2,049,210.	173,581.	1,880,080.

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LA GALA (event type)	ENT. DINNER (event type)	81. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,344,287.	1,102,850.	18,358,446.	20,805,583.
	2 Less: Contributions	905,577.	889,100.	10,106,848.	11,901,525.
	3 Gross income (line 1 minus line 2)	438,710.	213,750.	8,251,598.	8,904,058.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			72,731.	72,731.
	7 Food and beverages	134,935.	72,814.	2,991,561.	3,199,310.
	8 Entertainment		2,298.	343,789.	346,087.
	9 Other direct expenses	151,747.	129,075.	2,833,074.	3,113,896.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,732,024.
	11 Net income summary. Subtract line 10 from line 3, column (d)				2,172,034.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 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 No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- 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
- Employee
- Independent contractor

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
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PART I LINE 2B COLUMN (V)

THE AGREEMENTS FOR THE LISTED FUNDRAISING CONSULTANTS NOTE THE MONTHLY
 RETAINER AMOUNT FOR FUNDRAISING SERVICES. ALL OTHER PAYMENTS MADE TO THE
 PROFESSIONAL FUNDRAISERS ARE REIMBURSEMENTS FOR OTHER EXPENSES INCURRED.
 SUCH EXPENSES ARE ONLY REIMBURSED BY ADL SUBSEQUENT TO PROPER
 SUBSTANTIATION AND AUTHORIZATION. THE AMOUNT REPORTED IN COLUMN (V) IS
 THE GROSS AMOUNT PAID TO THE PROFESSIONAL FUNDRAISERS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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 criteria used to award the grants or assistance? Yes No
- 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table -----▶

3 Enter total number of other organizations listed in the line 1 table -----▶

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

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
1 SILLINS FAMILY FOUNDATION GRANT	1.	10,000.			
2 AXELROD AWARD	6.	6,000.			
3 KRANZBERG SCHOLARSHIP	14.	5,400.			
4 FIRST AMENDMENT FREEDOMS AWARD	8.	5,000.			
5 BODINI FOUNDATION PRIZE	3.	5,000.			
6 FRANKLIN ESSAY CONTEST	3.	3,000.			
7 I-PITCH FOR ISRAEL	10.	1,000.			

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
1 KASE TEACHER EXCELLENCE AWARD	3.	1,500.			
2					
3					
4					
5					
6					
7					

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

PART I LINE 2

THE PURPOSE FOR THE AWARDS LISTED IN PART III IS ACCOMPLISHED BY THE RECIPIENTS BEFORE THE ACTUAL RECEIPT OF THE FINANCIAL AWARD. THUS, IT IS NOT NECESSARY AND ADL DOES NOT HAVE PROCEDURES TO MONITOR THE USE OF THESE FUNDS. HOWEVER, EACH TYPE OF AWARD HAS A STRUCTURED SELECTION PROCESS.

PART III LINE 1(A)

THE SILLINS FAMILY FOUNDATION GRANT WAS AWARDED TO ONE INDIVIDUAL WITH THE PURPOSE FOR HIM TO PURSUE HIS EDUCATIONAL WORK REGARDING THE NEED FOR

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

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

UNITED NATIONS REFORM, ESPECIALLY AS IT AFFECTS JEWISH CONCERNS SUCH AS
PEACE IN THE MIDDLE EAST, INTERNATIONAL TERRORISM, HUMAN RIGHTS, AND NEW
AND RENEWABLE SOURCES OF ENERGY.

PART III LINE 2(A)

THE AXELROD AWARDS ARE ANNUAL FINANCIAL AWARDS GIVEN TO EDUCATORS AND
COMMUNITY ACTIVISTS WHO HAVE DEMONSTRATED OUTSTANDING EFFORTS IN TEACHING
THE HOLOCAUST AND GENOCIDE IN THEIR CLASSROOM, AS WELL AS TO OTHERS WHO
ARE CONTINUING THEIR EDUCATION IN THE FIELDS OF BIAS, BIGOTRY AND
PREJUDICE.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

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

PART III LINE 3(A)

THE KRANZBERG SCHOLARSHIP WAS ESTABLISHED TO EDUCATE THE NEXT GENERATION OF ACTIVISTS AND ENCOURAGE YOUTH TO WORK WITH ADL AS THEY ENTER COLLEGE AND BEYOND.

PART III LINE 4(A)

THE FIRST AMENDMENT FREEDOMS AWARDS ARE ANNUAL FINANCIAL AWARDS GIVEN TO EIGHT STUDENTS IN GRADE EIGHT TO ELEVEN FOR THEIR PORTRAYAL OR ARTISTIC DESCRIPTION OF HOW ONE OR MORE OF THE FREEDOMS LISTED IN THE FIRST AMENDMENT PERSONALLY AFFECTS THEIR DAILY LIFE.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

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

PART III LINE 5(A)

THE BODINI FOUNDATION PRIZE IS AN ANNUAL AWARD TO TWO STUDENTS AND ONE EDUCATOR DEEMED MOST DESERVING EMBODYING THE IDEALS OF DIVERSITY.

PART III LINE 6(A)

THE FRANKLIN ESSAY CONTEST AWARDS ARE ANNUAL FINANCIAL AWARDS GIVEN TO THREE STUDENTS FOR WINNING A WRITING CONTEST BASED ON A SPECIFIC TOPIC WITH THE HOPES TO STIMULATE GREATER UNDERSTANDING AND ACCEPTANCE OF ETHNIC, RELIGIOUS, GENDER AND RACIAL DIFFERENCES IN OUR SOCIETY.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

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

PART III LINE 7(A)

COLLEGE STUDENTS ARE PROVIDED WITH STIPENDS FOR ATTENDING A SERIES OF FOUR "I-PITCH FOR ISRAEL" WORKSHOPS THAT WILL PROVIDE PRACTICAL SKILLS AND TOOLS THEY CAN USE TO ENHANCE THEIR ISRAEL ADVOCACY SKILLS.

PART III LINE 8(A)

THE KASE TEACHER EXCELLENCE AWARD PAYS TRIBUTE TO THREE EDUCATORS FOR THEIR OUTSTANDING EFFORTS TO CREATE AN ATMOSPHERE IN OUR SCHOOLS THAT REJECTS PREDJUDICE AND REGARDS DIVERSITY AS A STRENGTH.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABRAHAM H FOXMAN NATIONAL DIRECTOR (SCHJ,PTIII)	(i)	306,575.	0	36,975.	3,188.	26,731.	373,469.	0
	(ii)	306,575.	0	36,975.	3,188.	26,731.	373,469.	0
2 CLIFFORD SCHECHTER(9/13) CHIEF OPERATING OFFICER	(i)	191,814.	0	984.	4,675.	24,038.	221,511.	0
	(ii)	69,750.	0	358.	1,700.	8,741.	80,549.	0
3 MICHAEL A KELLMAN CHIEF FINANCIAL OFFICER	(i)	150,615.	0	4,071.	3,825.	19,667.	178,178.	0
	(ii)	100,410.	0	2,714.	2,550.	13,112.	118,786.	0
4 KENNETH JACOBSON DEPUTY NATIONAL DIRECTOR	(i)	234,381.	0	6,427.	5,889.	12,649.	259,346.	0
	(ii)	0	0	0	0	0	0	0
5 IRA R WOLFSON ASSOC. NAT. DIR. OF REG. OPER.	(i)	210,030.	0	4,522.	5,376.	15,149.	235,077.	0
	(ii)	0	0	0	0	0	0	0
6 DAVID S WAREN DIRECTOR OF EDUCATION	(i)	201,664.	0	717.	5,236.	32,779.	240,396.	0
	(ii)	0	0	0	0	0	0	0
7 DEBORAH G LAUTER DIRECTOR OF CIVIL RIGHTS	(i)	191,101.	0	2,341.	4,909.	30,279.	228,630.	0
	(ii)	0	0	0	0	0	0	0
8 STEVEN C SHEINBERG GENERAL COUNSEL	(i)	74,487.	0	4,580.	1,915.	12,936.	93,918.	0
	(ii)	74,487.	0	4,580.	1,915.	12,936.	93,918.	0
9 AMANDA F SUSSKIND LA REGIONAL DIRECTOR	(i)	215,105.	2,000.	1,341.	5,482.	13,649.	237,577.	0
	(ii)	0	0	0	0	0	0	0
10 MICHAEL A SALBERG DIR. OF INTERNATIONAL AFFAIRS	(i)	195,899.	0	11,832.	5,156.	32,779.	245,666.	0
	(ii)	0	0	0	0	0	0	0
11 LONNIE J NASATIR CHICAGO REGIONAL DIRECTOR	(i)	203,496.	3,500.	312.	5,321.	30,879.	243,508.	0
	(ii)	0	0	0	0	0	0	0
12 LINDA S ZISK(RES 10/14) DIR. OF NAT'L MAJOR GIFTS	(i)	101,042.	0	359.	2,667.	18,139.	122,207.	0
	(ii)	101,042.	0	359.	2,667.	18,139.	122,207.	0
13 SAMUEL V MEMBERG CHIEF INFORMATION OFFICER	(i)	147,217.	0	4,820.	3,779.	22,709.	178,525.	0
	(ii)	49,072.	0	1,607.	1,260.	7,570.	59,509.	0
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A

TRAVEL REIMBURSEMENT POLICY- ADL HAS A WRITTEN POLICY REGARDING TRAVEL REIMBURSEMENT IN ACCORDANCE WITH RULES FOR AN ACCOUNTABLE PLAN. THE CHAIR OF THE AUDIT COMMITTEE REVIEWS A PERIODIC SUMMARY OF THE ADL NATIONAL DIRECTOR'S AND THE ADL CHIEF FINANCIAL OFFICER'S EXPENSE REPORTS. THE ADL CHIEF FINANCIAL OFFICER REVIEWS THE CHIEF OPERATING OFFICER'S EXPENSE REPORTS.

PART I LINE 1A

A GROSS UP BENEFIT, ALLOCATED IN PART TO THE ADL FOUNDATION, IS PAID TO THE ADL FOUNDATION TRUSTEE/ADL NATIONAL DIRECTOR DIRECTLY BY ADL IN ACCORDANCE WITH ITS POLICY REGARDING PAYMENT OF EXPENSES AND IS INCLUDED IN TAXABLE COMPENSATION.

PART I LINE 4B

IN 2012, ADL AND THE ADL FOUNDATION FINALIZED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) BENEFIT FOR ABRAHAM H. FOXMAN, ADL'S NATIONAL DIRECTOR SINCE 1987, IN RECOGNITION OF HIS SIGNIFICANT VALUE TO ADL AND THE ADL FOUNDATION AT THAT TIME AND GOING FORWARD AND HIS FIFTY YEARS OF

Part III Supplemental Information

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

INVALUABLE AND TIRELESS SERVICE, INCLUDING 25 YEARS AS NATIONAL DIRECTOR.

THE SERP IS A RETIREMENT BENEFIT THAT IS PAID OUT OVER TIME. A LUMP SUM PAYMENT WAS MADE DURING 2013 THAT WAS REPORTED AND TAXED ON HIS 2012 FORM W-2 AND REPORTED ON THE 2012 IRS FORM 990. THE REMAINING BENEFIT OF APPROXIMATELY \$1,400,000 AS OF DECEMBER 31, 2013 IS INCLUDED IN THE ACCOUNTS PAYABLE AND ACCRUED EXPENSES LIABILITY ON THE LEAGUE'S BALANCE SHEET. THE SERP WAS APPROVED BY ADL'S AND ADL FOUNDATION'S JOINT EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS A FULLY INDEPENDENT AND DISINTERESTED BODY. IT WAS RIGOROUS IN ITS METHODOLOGY AND RELIED UPON INDEPENDENT EXPERTS WHO ADVISED THAT THE SERP (AND THE OVERALL COMPENSATORY PACKAGE) WAS REASONABLE IN LIGHT OF MARKET COMPARABILITY DATA.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**
▶ **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.**

Name of the organization
ANTI-DEFAMATION LEAGUE

Employer identification number
13-1818723

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 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 line 2, above, reimbursed 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	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						11,864.						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

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
(1) MICHAEL SALBERG	SEE PART V	245,666.	EMPLOYMENT		X
(2) GROSSMAN MARKETING GROUP	SEE PART V	172,018.	PAYMENT FOR MARKETING SERVICES		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV LINE 1(B)

MICHAEL SALBERG HAS A FAMILY RELATIONSHIP WITH MELVIN SALBERG (TRUSTEE).

PART IV LINE 2(B)

GROSSMAN MARKETING GROUP IS 25% OWNED BY DAVID GROSSMAN (TRUSTEE), 25% OWNED BY HIS BROTHER, AND 50% OWNED BY HIS FATHER.

PART IV

THE TRANSACTIONS REPORTED IN PART IV WERE MADE IN AN ARMS-LENGTH FASHION AND ARE AT OR BELOW FAIR MARKET VALUE. NEITHER MICHAEL SALBERG NOR DAVID GROSSMAN HAD ANY INVOLVEMENT IN THE DECISION MAKING PROCESS INVOLVING THE RESPECTIVE TRANSACTIONS.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
DEBORAH LAUTER	KEY EMPLOYEE	HOUSING ASSISTANCE		X	15,000.	11,864.	X	X	X			

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	X	152.	1,710,138.	MEAN, DATE OF CONTR.
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
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 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EVENT RELATED</u>)	X	361.	1,027,825.	DONOR PROVIDED VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a 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 the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

Part II **Supplemental Information.** Complete this part to 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.

PART 1, LINE 9 COLUMN (B)

EACH STOCK GIFT IS COUNTED AS A SEPARATE CONTRIBUTED ITEM.

PART 1 LINE 25 COLUMN (B)

THE AMOUNT REPORTED REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

FORM 990, PART I, LINE 1

ANTI-DEFAMATION LEAGUE ("ADL" OR THE "LEAGUE") IS A CHARITABLE TAX-EXEMPT ORGANIZATION FORMED IN 1913 FOR THE PURPOSE OF DEFENDING DEMOCRATIC IDEALS AND ELIMINATING ANTI-SEMITISM AND BIGOTRY IN THE UNITED STATES & AROUND THE WORLD, WHILE PROVIDING KNOWLEDGEABLE LEADERSHIP ON A NATIONAL LEVEL FOR THE AMERICAN JEWISH COMMUNITY.

FORM 990, PART III, LINE 2

THE LEAGUE COMMISSIONED A STUDY TO RESEARCH ATTITUDES AND OPINIONS TOWARD JEWS IN OVER 100 COUNTRIES AROUND THE WORLD. THE SURVEY AIMED AT GAUGING LEVELS OF ANTI-SEMITIC ATTITUDES AND ADHERENCE TO TRADITIONAL ANTI-SEMITIC STEREOTYPES ACROSS THE WORLD. THIS STUDY, KNOWN AS ADL GLOBAL 100: AN INDEX OF ANTI-SEMITISM WAS RELEASED IN 2014 AND IS AVAILABLE ON ADL'S WEBSITE, WWW.ADL.ORG. THE LEAGUE INCURRED \$4,562,500 IN INTERNATIONAL AFFAIRS AND INTERFAITH PROGRAM EXPENSES RELATED TO THIS SURVEY DURING 2013.

FORM 990 PART III LINE 4D

OTHER PROGRAM SERVICE EXPENSES OF \$12,970,961 INCLUDE:
CIVIL RIGHTS (EXPENSES \$5,655,001) - FURTHERS THE LEAGUE'S MISSION BY MONITORING, EXPOSING, AND COUNTERACTING GROUPS AND INDIVIDUALS THAT PROMOTE HATE, EXTREMISM, ANTI-SEMITISM, AND RACISM; COMBATING BIAS-MOTIVATED CRIMINAL CONDUCT AND DISCRIMINATION, AND SAFEGUARDING RELIGIOUS LIBERTY. IN 2013, ADL RESPONDED TO MORE THAN 1,000 CONSTITUENT

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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COMPLAINTS ABOUT INTERNET HATE. ADL PROVIDED MORE THAN 500 EXTREMIST-RELATED ASSISTS TO LAW ENFORCEMENT AND MORE THAN 12,000 LAW ENFORCEMENT PROFESSIONALS PARTICIPATED IN ADL'S TRAINING PROGRAMS FOCUSED ON EXTREMISM, HATE CRIMES AND ANTI-BIAS. THROUGH 2013, THE TOTAL NUMBER OF GRADUATES OF ADL'S "ADVANCED TRAINING SCHOOL EXTREMIST AND TERRORIST THREATS COURSE" FOR LEADERS IN THE LAW ENFORCEMENT COMMUNITY TOTALS 890, AND MORE THAN 85,000 LAW ENFORCEMENT PERSONNEL HAVE PARTICIPATED IN ADL'S LAW ENFORCEMENT AND SOCIETY TRAINING CONDUCTED IN COOPERATION WITH THE U.S. HOLOCAUST MEMORIAL MUSEUM. IN 2013, THE LEGAL AFFAIRS DEPARTMENT FILED 26 AMICUS BRIEFS PROMOTING ADL'S AGENDA ON A RANGE OF ISSUES. AS PARTICIPANTS IN ADL'S UNIQUE SUMMER ASSOCIATE RESEARCH PROGRAM, MORE THAN 400 LAW STUDENTS WORKING AT OVER 120 LAW FIRMS IN 13 DIFFERENT REGIONS WORKED CLOSELY WITH ADL REGIONAL OFFICES TO PRODUCE MEMORANDA ON IMPORTANT ADL ISSUES.

LEADERSHIP (EXPENSES \$2,997,544) - THE LEADERSHIP DIVISION IS RESPONSIBLE FOR ATTRACTING, EDUCATING AND CULTIVATING ADL LEADERS BY HOSTING SEVERAL ANNUAL NATIONAL MEETINGS, PROVIDING PERIODIC E-MAIL AND PRINT COMMUNICATIONS ON ADL ISSUES, RECRUITING PARTICIPANTS FOR MISSIONS TO FOREIGN COUNTRIES, AND HOSTING PRIVATE MEETINGS WITH NATIONAL AND WORLD LEADERS AT ADL HEADQUARTERS. THE LEADERSHIP DIVISION PROVIDES ONGOING SUPPORT TO ADL REGIONS TO HELP ENHANCE THEIR LEADERSHIP DEVELOPMENT PROGRAMS AND ALSO OFFERS GUIDANCE AND ASSISTANCE TO REGIONAL LEADERS LOOKING TO EXPAND THEIR INVOLVEMENT ON THE NATIONAL LEVEL.

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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MARKETING AND COMMUNICATIONS (EXPENSES - \$4,318,416) - PRESENTS THE PUBLIC FACE OF ADL. MANAGES THE LEAGUE'S AWARENESS THROUGH INTERNET INITIATIVES, SOCIAL MARKETING, ONLINE VIDEO AND NEWSPAPER ADVERTISING CAMPAIGNS; PRODUCES THE NATIONAL NEWSLETTER "ADL ON THE FRONTLINE"; AND HANDLES DIRECT MARKETING. PREPARES AUDIOVISUAL AND PRINT MATERIAL ON ADL ISSUES, GOALS AND OBJECTIVES; WRITES, EDITS, AND PRODUCES MATERIAL FOR ALL ADL DIVISIONS (REPORTS, BROCHURES, DISPLAYS, INVITATIONS, NEWSLETTERS, PERIODICALS, JOURNALS, ADS, AND SPECIAL PUBLICATIONS); AND HANDLES SPECIAL PROJECTS SUCH AS EXHIBITS.

FORM 990 PART VI SECTION A LINE 1A

ADL IS GOVERNED BY ITS NATIONAL COMMISSION. ADL'S NATIONAL EXECUTIVE COMMITTEE (NEC) IS A SUBSET LEADERSHIP BODY THAT IS AUTHORIZED TO ACT ON BEHALF OF THE NATIONAL COMMISSION.

FORM 990 PART VI SECTION A LINE 2

THE FOLLOWING INDIVIDUALS HAVE FAMILY RELATIONSHIPS - BARBARA B BALSER & RONALD D BALSER; ELAINE F BARTON & RICHARD D BARTON; JOAN BELKIN & STEVE BELKIN; MARTIN BUDD & JONAH NEUMAN; JONATHAN COOKLER & FAITH COOKLER; ESTA G EPSTEIN & ROBERT S EPSTEIN; SUE-ANN FRIEDMAN & MICHAEL FINKELSTEIN; JANE GOLDBLUM & JOSEPH A GOLDBLUM; ALAN H GOODMAN & DALE M SCHWARTZ; CECILIA GOODMAN & RICHARD C GOODMAN; RUTH B HARTER (DECEASED 3/2014) & GERALD HARTER, LOUISE P HOMBERGER & THOMAS C HOMBURGER; CECILIA E KATZ & ALFRED D KATZ; RICHARD MOSS, GEORGE MOSS & RUTH MOSS; SHELLEY L PARKER & JEFFREY PARKER; SUZANNE PRINCE & HARVEY R PRINCE; MICHAEL A SALBERG & MELVIN SALBERG; LINDA SCHWARTZ & HAROLD W SCHWARTZ; AND JEFFREY

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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M SIMON & PAMELA SIMON.

FORM 990 PART VI SECTION B LINE 11B

COPIES OF THE DRAFT FORM 990 WERE PROVIDED TO THE MEMBERS OF ADL'S AUDIT COMMITTEE, WHICH REVIEWED AND APPROVED IT AT ITS OCTOBER 2014 MEETING. SUBSEQUENT TO THE MEETING, AN EMAIL WAS SENT TO ADL'S NATIONAL EXECUTIVE COMMITTEE (A LEADERSHIP BODY THAT IS AUTHORIZED TO ACT ON BEHALF OF THE NATIONAL COMMISSION) NOTIFYING THEM THAT THE FORM 990 IS AVAILABLE FOR THEIR REVIEW BEFORE IT IS FILED WITH THE IRS ON OR ABOUT NOVEMBER 15, 2014.

FORM 990 PART VI SECTION B LINE 12C

ADL HAS A WRITTEN CONFLICT OF INTEREST POLICY APPROVED BY THE NEC (A LEADERSHIP BODY THAT IS AUTHORIZED TO ACT ON BEHALF OF THE NATIONAL COMMISSION) THAT REQUIRES ITS OFFICERS, DIRECTORS, AND EMPLOYEES TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST, THOSE OF THEIR FAMILY MEMBERS AND OF OTHER INTERESTED PARTIES. THIS DISCLOSURE FORM IS DISTRIBUTED BY THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT (HR) TO ALL STAFF ON AN ANNUAL BASIS. HR ENSURES THAT ALL FORMS ARE COMPLETED AND REVIEWS THE FORMS FOR CONFLICTS. THE DISCLOSURE FORM IS DISTRIBUTED BY THE LEADERSHIP DIVISION TO THE MEMBERS OF THE NATIONAL COMMISSION ON AN ANNUAL BASIS. THE LEADERSHIP DIVISION COLLECTS AND REVIEWS THEM FOR NOTED OFFICER AND DIRECTOR CONFLICTS. A SUMMARY AND THE NOTED FINDINGS ARE THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER, WHO THEN PROVIDES ALL DISCLOSURES TO THE AUDIT COMMITTEE FOR FURTHER REVIEW. THE AUDIT COMMITTEE REVIEWS AND DETERMINES BY MAJORITY VOTE WHETHER A CONFLICT

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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EXISTS. IF A CONFLICT IS NOTED INVOLVING A MEMBER OF THE AUDIT COMMITTEE,
THAT PERSON RECUSES HIM/HERSELF FROM VOTING.

FORM 990 PART VI SECTION B LINE 15A

ADL'S PROCESS FOR DETERMINING THE COMPENSATION OF THE NATIONAL DIRECTOR
INCLUDES CONSULTATION WITH AN INDEPENDENT COMPENSATION CONSULTANT THAT
PERFORMS A COMPENSATION MARKET STUDY AND PROVIDES SALARY STRUCTURE
GRADING. THIS IS REVIEWED AND A DECISION IS MADE BY THE EXECUTIVE
COMPENSATION COMMITTEE, AS DOCUMENTED IN THE COMMITTEE MEETING MINUTES.
THE EXECUTIVE COMPENSATION COMMITTEE PERFORMS A COMPENSATION REVIEW AT
LEAST ONCE A YEAR.

FORM 990 PART VI SECTION B LINE 15B

ADL'S PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS AND ALL
KEY EMPLOYEES INCLUDES CONSULTATION WITH AN INDEPENDENT COMPENSATION
CONSULTANT THAT PERFORMS A COMPENSATION MARKET STUDY AND PROVIDES SALARY
STRUCTURE GRADING. THIS IS REVIEWED AND A DECISION IS MADE BY THE
NATIONAL DIRECTOR WHO PRESENTS A RECOMMENDATION TO THE EXECUTIVE
COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE MAKES A
DECISION ON THE RECOMMENDATION, AS DOCUMENTED IN THE COMMITTEE MEETING
MINUTES. THE EXECUTIVE COMPENSATION COMMITTEE PERFORMS A COMPENSATION
REVIEW AT LEAST ONCE A YEAR.

FORM 990 PART VI SECTION C LINE 19

THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL
FOUNDATION AND THE ANNUAL REPORT ARE MADE AVAILABLE TO THE PUBLIC THROUGH

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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A DIRECT LINK ON THE ADL WEBSITE, (WWW.ADL.ORG). FURTHERMORE, A FULL SET OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION IS AVAILABLE UPON REQUEST AS INDICATED ON THE ADL WEBSITE AND IN THE ANNUAL REPORT. THE ARTICLES OF INCORPORATION ARE AVAILABLE AT THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS IN WASHINGTON, DC.

FORM 990 PART XI LINE 9

THIS TOTAL OF \$5,513,348 CONSISTS OF THE FOLLOWING AMOUNTS NOT REPORTED ON THE FORM 990; PENSION CREDIT OTHER THAN NET PERIODIC BENEFIT COST IN THE AMOUNT OF \$6,644,784 AND A PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE IN THE AMOUNT OF \$1,131,436 (BOTH REPORTED ON THE LEAGUE'S CONSOLIDATED STATEMENT OF ACTIVITIES, ATTACHED TO THE AUDITED FINANCIAL STATEMENTS).

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ANTI-DEFAMATION LEAGUE ("ADL" OR THE "LEAGUE") IS A CHARITABLE TAX-EXEMPT ORGANIZATION FORMED IN 1913 FOR THE PURPOSE OF DEFENDING DEMOCRATIC IDEALS AND ELIMINATING ANTI-SEMITISM AND BIGOTRY IN THE UNITED STATES AND AROUND THE WORLD, WHILE PROVIDING KNOWLEDGEABLE LEADERSHIP ON A NATIONAL LEVEL FOR THE AMERICAN JEWISH COMMUNITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

REGIONAL OPERATIONS - SUPERVISES AND COORDINATES THE LEAGUE'S COAST-TO-COAST NETWORK OF REGIONAL AND SATELLITE OFFICES IN THE UNITED STATES. EACH REGIONAL OFFICE CARRIES OUT THE LEAGUE'S AGENDA IN ITS DESIGNATED GEOGRAPHIC AREA. THE REGIONAL OPERATIONS

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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ATTACHMENT 2 (CONT'D)

DIVISION IS CHARGED WITH COORDINATING THE WORK OF THE REGIONAL OFFICES WITH THE WORK OF THE NATIONAL PROFESSIONAL STAFF IN ORDER TO EFFECTIVELY CARRY OUT ADL'S MISSION. THE REGIONAL OFFICES SUPPORT THE NATIONAL DECISION-MAKING PROCESS WITH LOCAL PERSPECTIVES, PRIORITIES AND INPUT. THE FIELD STAFF AND LAY LEADERS REACH OUT TO BOTH THE LOCAL JEWISH AND GENERAL COMMUNITIES THROUGH ADL PROGRAMS. IT IS THE STAFF WITHIN THE REGIONAL OPERATIONS DIVISION THAT IN LARGE PART PROVIDES THE GROUNDWORK FOR THE PROGRAMMING IN THE REGIONS. REGIONAL OFFICES ARE RESPONSIBLE FOR IDENTIFYING AND CULTIVATING LOCAL COMMUNITY LEADERSHIP. TO ACCOMPLISH THIS, EACH REGION HAS A LOCAL LAY ADVISORY BOARD, ALL OF WHICH, IN THE AGGREGATE, TOTAL APPROXIMATELY 2,500 BOARD MEMBERS (NOT VOTING MEMBERS OF ADL'S MAIN GOVERNING BODY) THAT HELP CARRY OUT ADL'S MISSION.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

INTERNATIONAL AFFAIRS AND INTERFAITH PROGRAMS - MAINTAINS CONTACTS THROUGHOUT EUROPE, LATIN AMERICA, THE MIDEAST, AND THE UNITED STATES FROM WHICH INFORMATION IS GATHERED RELATING TO POLITICAL AND SOCIAL MOVEMENTS THAT IMPACT ANTI-SEMITISM AND BIGOTRY. OBSERVES AND ANALYZES TRENDS AROUND THE WORLD RELATED TO ANTI-SEMITISM AND RELATED ISSUES. PREPARES AND DISSEMINATES REPORTS AND DATA REGARDING ISRAEL'S SECURITY, U.S.-ISRAEL RELATIONS AND ANTI-SEMITISM IN THE MIDDLE EAST. INITIATES

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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ATTACHMENT 3 (CONT'D)

EDUCATIONAL PROGRAMS ON THE MIDEAST AND ISRAELI ISSUES, AS WELL AS ON INTERNATIONAL BEST PRACTICES ON FIGHTING ANTI-SEMITISM AND BIGOTRY. MAINTAINS CONTACT WITH FAITH LEADERS IN THE U.S. AND OTHER COUNTRIES. DEVELOPS PROGRAMS OF COOPERATION ON INTERGROUP UNDERSTANDING AND HUMAN RELATIONS WITH CATHOLIC AND PROTESTANT RELIGIOUS GROUPS AT COMMUNITY, REGIONAL, AND NATIONAL LEVELS. PARTICIPATES IN EDUCATIONAL AND ACTION PROGRAMS IN INTERFAITH EFFORTS. ORGANIZES TRAINING PROGRAMS AND CURRICULUM DEVELOPMENT FOR SEMINARS AND RELIGIOUS-ORIENTED EDUCATIONAL INSTITUTIONS.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

EDUCATION - FURTHERS THE LEAGUE'S MISSION THROUGH THE DESIGN AND DELIVERY OF EDUCATIONAL PROGRAMS AND MATERIALS IN THREE CORE PRIORITY AREAS: ANTI-BIAS EDUCATION, ANTI-SEMITISM, AND HOLOCAUST EDUCATION. THE EDUCATION DIVISION DELIVERS THESE PROGRAMS TO PRESCHOOL THROUGH 12TH GRADE SCHOOL COMMUNITIES, COLLEGE AND UNIVERSITY CAMPUSES, COMMUNITY GROUPS, CORPORATIONS, CIVIC ASSOCIATIONS, RELIGIOUS ORGANIZATIONS, YOUTH SERVICE PROVIDERS AND OTHER LEARNING VENUES. IN 2013, ADL EDUCATION PROGRAMS WERE DIRECTLY DELIVERED TO OVER 76,000 CHILDREN AND ADULTS. THE EDUCATION DIVISION PROGRAMS HAVE POSITIONED ADL AS A LEADER IN BULLYING AND CYBER BULLYING PREVENTION. OVER THE LAST SEVERAL YEARS, THE DIVISION EXPANDED THESE PROGRAMS TO REACH YOUNGER ELEMENTARY STUDENTS AND TO PROVIDE MORE IN-DEPTH TRAINING AND

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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ATTACHMENT 4 (CONT'D)

RESOURCES FOR EDUCATORS.

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

AUSTRIA

ISRAEL

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, VA, WA, WV, WI,

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FIRST INTERNATIONAL ONE PARKER PLAZA FORT LEE, NJ 07024	POLLING SERVICE	3,875,000.
605 CLEANING SERVICE CO. 299 PARK AVENUE NEW YORK, NY 10171	MAINTENANCE/CLEANING	345,834.
GRAPHIC COMMUNICATIONS 29 MCCAMPBELL ROAD HOLMDEL, NJ 07733	PRINTING SERVICES	306,112.
CSB DIRECT 145 DIAMON LEDGE ROAD STAFFORD, CT 06076	PRINTING SERVICES	260,125.

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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ATTACHMENT 7 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CONVIO INC. 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	WEB SERVICES	260,089.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

ANTI-DEFAMATION LEAGUE

13-1818723

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 605 THIRD AVENUE NEW YORK, NY 10158	SUPPORT ADL	NY	501(C)(3)	7	ADL	X	
(2) ADLF COMMON FUND 13-3095748 605 THIRD AVENUE NEW YORK, NY 10158	SUPPORT ADL	NY	501(C)(3)	PF	ADL	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	C	14,114,536.	ACTUAL
(2) ANTI-DEFAMATION LEAGUE FOUNDATION	D	4,000,000.	ACTUAL
(3) ANTI-DEFAMATION LEAGUE FOUNDATION	E	4,000,000.	ACTUAL
(4) ANTI-DEFAMATION LEAGUE FOUNDATION	K	275,187.	ACTUAL
(5) ANTI-DEFAMATION LEAGUE FOUNDATION	L		UNDETERMINABLE
(6) ANTI-DEFAMATION LEAGUE FOUNDATION	M		UNDETERMINABLE

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	N	447,889.	ACTUAL
(2) ANTI-DEFAMATION LEAGUE FOUNDATION	O	4,089,320.	ACTUAL
(3) ANTI-DEFAMATION LEAGUE FOUNDATION	Q	1,311,761.	ACTUAL
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
