Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A F	or th	e 201	3 calendar year, or tax year beginning , 2013, an	d ending		, 2	0	
ъ.			C Name of organization		D Employer ide	entification nur	nber	
D 0	heck if ap		ANTI-DEFAMATION LEAGUE					
	Addre chang		Doing Business As		13-1818	3723		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone no	umber		
	Initial	return	605 THIRD AVENUE		(212) 88	5-7700		
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code					
	Amer return		NEW YORK, NY 10158-3560		G Gross receip	ts \$ 69	,971,	,677.
		cation	F Name and address of principal officer: ABRAHAM H. FOXMAN, NAT	'L DIR.	H(a) Is this a grousubordinates		Yes	X No
		5	C/O ADL - 605 THIRD AVENUE NEW YORK, NY 10158-	-3560	H(b) Are all subord		Yes	No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	ch a list. (see instru	ctions)	
J	Websi	ite: 🕨	WWW.ADL.ORG		H(c) Group exemp	otion number		
K	Form	of orgar	nization: X Corporation Trust Association Other	L Year of format	tion: 1946 M	State of legal de	omicile:	DC
P	art I	Su	mmary		•			
	1	Briefly	y describe the organization's mission or most significant activities: SEE NOTE	IN SCHED	OULE O			
ø		•	,					
and								
ern	2	Check	← this box	more than 25%	of its net assets	 S.		
Governance	3		per of voting members of the governing body (Part VI, line 1a)			3		346.
⋖ర	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)			4		343.
Activities	5		number of individuals employed in calendar year 2013 (Part V, line 2a)			5		425.
Ξ	_		number of volunteers (estimate if necessary)			6		500.
Aci	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		
			nrelated business taxable income from Form 990-T, line 34			7b		
	-	IVCI U	inclated business taxable income from 1 only 330-1, line 34		Prior Year		rent Ye	ar
	8	Contr	ibutions and grants (Part VIII, line 1h)		49,594,46			,908.
Revenue	9	Drogr	copy FC	DR	906,24			,397
Ver	_	Invoc	am service revenue (Part VIII, line 2g) PUBLIC INSPI	ECTION	-21,48			,403
Re	10	IIIVESI	tinent income (Fart VIII, Column (A), lines 3, 4, and 7d)	——	3,095,69			,458
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,574,91			,360
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,65			,400
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		40,00	0		,400
	14		its paid to or for members (Part IX, column (A), line 4)		31,261,29		270	,173
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		224,34			,581
Sen	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		224,34	:0.	1/3	,561
Ĕ	, D		fundraising expenses (Part IX, column (D), line 25) 6,247,783.		20,657,67	1 00		,405.
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					
	1		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		52,183,96			,559.
ب ق	19	Rever	nue less expenses. Subtract line 18 from line 12		1,390,94			,801.
Net Assets or Fund Balances					ning of Current Y		d of Yea	
sse	20		assets (Part X, line 16)		31,355,54			,474.
et A	21		liabilities (Part X, line 26)		48,933,64			,425
			ssets or fund balances. Subtract line 21 from line 20		-17,578,10	0. -8	,,811	,951.
	rt II		gnature Block					
			of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which p			my knowledge	and be	lief, it is
Sig	ın		Signature of officer		Date			
He					Date			
			MICHAEL A. KELLMAN CFO					
			Type or print name and title	D-1-		DTIN		
Paid	i	Print/		Date	Check	if PTIN		
	parer			11/12/201	. 4 self-employ	ea		
	Only		sname > GRANT THORNTON LLP		Firm's EIN			
			s address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057			212-599-		
-			cuss this return with the preparer shown above? (see instructions)		<u> </u>		es	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			For	m 990	(2013)

Form 8879-EO

IRS e-file Signature Authorization

for an Exempt O	rganization	
or fiscal year hadinning 01/01	2013 and anding 1 2 / 3 1	20 1 3

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

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

OMB No. 1545-1878

Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number ANTI-DEFAMATION LEAGUE 13-1818723 Name and title of officer MICHAEL A. KELLMAN, CFO 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 -0on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 61366360. 2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)

3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)

3b b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b 4a Form 990-PF check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X Lauthorize GRANT THORNTON LLP _____ to enter my PIN as my signature ERO firm name Enter-five-numbers,-butdo 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 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. 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. 11-12-2014 ERO's signature > ___ _ Date 🕨 ___ **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

JSA 3E1676 1.000

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2013)

Electronic Filing Page 1 of 1

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:	13037220143165000001									

Form 990 (2013)

Part III Statement of Program Service Accomplishments Page 2

1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
	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?
	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
	THE THE PART OF TH
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
4 .	Other programs comities (Decembe in Calcadala O.)
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.

Form 990 (2013)
Part IV Chacklist of Paguired Schodules

-ar	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	х	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		Х
اء	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
•	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	,_		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	Х	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	21	
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part I	V 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? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	244		
23 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
Б	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any	230		- 21
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
		26	X	
27	disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	21	
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Λ
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):	200		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Λ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206	x	
	Schedule L, Part IV.	28b	Λ	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-	Х	
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3.7
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		37	
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	٥.	,,	
• •	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	/

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Form 990 (2013) Page **5**

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Fatantha numban nanartadin Day 2 of Fama 4000 Fatan 0 if not analisable		Yes	No
	Enter the number reported in Box of Ferri 1000. Enter of in not applicable			
	Effect the number of Forms W-20 included in line 1a. Effect-0- in not applicable			
C		1c	Х	
2a				
	1 1 40=			
b		2b	Х	
	Check if Schedule O contains a response or note to any line in this Part V Inter the number reported in Box 3 of Form 1096. Enter -0-if not applicable. Inter the number of Forms W-2G included in line 1a. Enter -0-if not applicable. Inter the number of Forms W-2G included in line 1a. Enter -0-if not applicable. Inter the number of Forms W-2G included in line 1a. Enter -0-if not applicable. Inter the number of Forms W-2G included in line 1a. Enter -0-if not applicable. Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax are reported on line 2a, did the organization file all required federal employment tax returns? Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax are reported on line 2a, did the organization file all required federal employment tax returns? Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax are reported on line 2a, did the organization file all required federal employment tax returns? Inter the number of employment tax returns? Inter the number of employment tax returns? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization account in a foreign country in the foreign country or the reported on the foreign country or the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country to the foreign accountry or the foreign bank and Financial Accounts. In the organization and party to a prohibited tax shelter transaction at any time during the tax year? In the organization solicit any contributions that were not tax deductible as charitable contributions? In the organization solicit any contributions that were not tax deductible as charitable contributions? In the organization solicit any contributions that			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
_		4a	X	
b				
- -		Eo		Х
		5a 5b		X
		5c		- 21
· ·		6a		Х
b				
		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
		7b	Х	
С		7.		v
ا.		7c		X
		7e		Х
f		7f		X
a a		7g		
_		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
		9a		
	-	9b		
10				
	·			
11	•			
	Cross in some from morphore and basebalders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-				
b				
_				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		- 23
~	, , , , , , , , , , , , , , , , , , ,			

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Part VI Governance, Ma

Sect	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	346			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	343			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with			
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the				
	supervision of officers, directors, or trustees, or key employees to a management company or other persor	ı?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.		5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) men	nbers,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the second section of the		_		37
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	- \	X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>əveriue</u>	Code	<i>3.)</i> Yes	No
		ļ	100	X	- 110
	Did the organization have local chapters, branches, or affiliates?		10a	Λ	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	· .	10b	Х	
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		11a	X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form	rm? .	IIa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that coul rise to conflicts?	- 1	12b	Х	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		120		
С	describe in Schedule O how this was done	-	12c	Х	
13	Did the organization have a written whistleblower policy?	I I	13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion 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. X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	ct of inte	erest	policy	, and
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and reco	orde of th	10		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	nus UI lli	ıc		

JSA 3E1042 1.000 Form **990** (2013)

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.

<u> </u>									·	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck s pe	erson	e than of is both tor/trust employee	an tee)	(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
		Õ	stee			mpensated				
(1)BARRY CURTISS-LUSHER	20.00									
NAT'L CHAIR, CH DEVEL COMM'TE	2.50	Х		Х				C	0	0
(2)ROBERT H NAFTALY	7.00									
TREAS, NAT'L COMM'N; CH, AUDIT	5.50	Х		Х				C	0	0
(3)ERWIN PEARL	2.00									
ASST TREAS, NAT'L COMMISSION	0	Х		Х				C	0	0
(4)THOMAS C HOMBURGER	2.00									
SECRETARY, NAT'L COMMISSION	3.50	Х		Х				C	0	0
(5)STANFORD BARATZ	2.00									
ASST SECRETARY, NAT'L COMMIS'N	0	Х		Х				С	0	0
(6)BARBARA B BALSER	2.00									
PAST NAT'L CHAIR, NAT'L COMMIS	.50	Х		Х				С	0	0
_(7)HOWARD P BERKOWITZ	2.00									
PAST NAT'L CHAIR, NAT'L COMMIS	1.50	X		Χ				С	0	0
(8)KENNETH J BIALKIN	2.00									
PAST NAT'L CHAIR, NAT'L COMMIS	.50	Х		Х				C	0	0
(9)BURTON JOSEPH (DECEASED: 3/13)	2.00									
PAST NAT'L CHAIR, NAT'L COMMIS	.50	X		Х				C	0	0
(10)BURTON S LEVINSON	2.00									
PAST NAT'L CHAIR, NAT'L COMMIS	.50	X		X				С	0	0
(11)GLEN S LEWY	2.00									
PAST NAT'L CHAIR, NAT'L COMMIS	2.50	X		X				С	0	0
(12)MELVIN SALBERG	2.00									
PAST NAT'L CHAIR, NAT'L COMMIS	2.50	X		X				С	0	0
(13)DAVID H STRASSLER PAST NAT'L CHAIR, NAT'L COMMIS	2.00 1.50	X		Х				C	0	0
(14)ROBERT G SUGARMAN	2.00									
PAST NAT'L CHAIR, NAT'L COMMIS	4.50	Х		Х				c	0	0

Form **990** (2013)

JSA.

Form 990 (2013)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	Pos neck s pe	more erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) stimated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anization	b
15) GLEN A TOBIAS	2.00											
PAST NAT'L CHAIR, NAT'L COMMIS	1.50	Х		Χ				0	0			0
16) MEYER EISENBERG	2.00											
VICE CHAIR, NAT'L COMMISSION	0	X		Χ				0	0			0
17) JAMES GROSFELD	2.00											
VICE CHAIR, NAT'L COMMISSION	.50	X		Χ	_			0	0			0
18) YOSSIE HOLLANDER	2.00											
VICE CHAIR, NAT'L COMMISSION	0	X		Χ	_			0	0			0
19) CHARLES F KRISER	2.00											
VICE CHAIR, NAT'L COMMISSION	1.50	X		Χ	_			0	0			0
20) STEVE I LYONS	2.00											
VICE CHAIR, NAT'L COMMISSION	0	X		Χ	_			0	0			0
21) CYNTHIA MARKS	2.00											
VICE CHAIR, NAT'L COMMISSION	0	X		Χ	_			0	0			0
22) RUTH MOSS	2.00											
VICE CHAIR, NAT'L COMMISSION	0	X		Χ	_			0	0			0
23) GEORGE STARK	2.00											
VICE CHAIR, NAT'L COMMISSION	1.50	X		X	_			0	0			0
24) GERALD STEMPLER	2.00											
VICE CHAIR, NAT'L COMMISSION	0	X		Χ				0	0			0
25) MARK WILF	2.00											
VICE CHAIR, NAT'L COMMISSION	0	X		Χ				0	0			0
1b Sub-total							\blacktriangleright	0	0			0
c Total from continuation sheets to Part VII, S								2,508,207.	747,929.		50,3	
d Total (add lines 1b and 1c)							<u> </u>	2,508,207.	747,929.	4	50,3	10.
2 Total number of individuals (including but not reportable compensation from the organization				d al	DOVE	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,00	00?	If	"Yes	5, "	complete Schedu	le J for such			
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	'es," comple	te Scl	hedu	le J	for	such	per	rson		5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com	npensated i	ndepe	ende	nt o	con	tracto	rs t	hat received more	than \$100,000 o	f		

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		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo			and H	ug			continue		
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	neck ss pe d a d	rson Iirect	e than or	an	Reportable compensation from the	Reportable compensation from related organizations	com	stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	d
26) MYRON ZIMMERMAN (UNTIL: 1/13)	2.00											
VICE CHAIR, NAT'L COMMISSION	0	X		Х				0	0			С
27) LEONARD ABESS	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			С
28) STEPHEN I ADLER	6.00											
MBR NC; CHAIR WASHT'N AFFAIRS	0	Х						0	0			C
29) PETER M ALTER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
0) DAVID E APPEL	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			(
31) DINA BAKST	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			C
32) RONALD D BALSER	1.00											
MEMBER, NAT'L COMMISSION	.50	Х						0	0			C
33) RICHARD BARTON	6.00											
MBR NC; CHAIR EDUC COMMITTEE	0	Х						0	0			C
4) JOAN BELKIN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
5) STEVEN B BELKIN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
6) DANIEL J BELLER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
1b Sub-total	•						▶					
c Total from continuation sheets to Part VII, S	Section A						•					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not				d al	bov	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organization	n ►	63	3									
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "</i> Y										5		Х
Section B. Independent Contractors	, , ,											
Complete this table for your five highest compensation from the organization. Report of the compensation from the organization.												

(B) Description of services	(C) Compensation
	Description of services

											ed)	
(A)	(B)			(C	-			(D)	(E)	_	(F)	_
Name and title	Average hours per	(do r	not ch	Posi		e than o	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any	,				is both		from	related		other	'
	hours for					or/trust		the	organizations		pensati	on
	related organizations	ndi or d	nsti	Officer	Key employee	emp High	Former	organization	(W-2/1099-MISC)		om the anizatio	ın
	below dotted	ridua	tutic	er	emp	est	ъ	(W-2/1099-MISC)		_	d related	
	line)	or tr	nal		loye	com				orga	anizatio	าร
		Individual trustee or director	Institutional trustee		Õ	pen						
			:ee			Highest compensated employee						
	5.00					<u>α</u>						
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	0			(
38) RIVA T BERELSON	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
39) MARVIN BERENBLUM	1.00	- 21							, ,			
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
40) BARRY S BERG	1.00	21							J			
MEMBER, NAT'L COMMISSION	0	X							0			C
41) ERIC BERG	5.00	21							J			
MBR, NAT'L COMM'N; REG'L BD CH	0	X							0			(
42) JOAN E BERGER	1.00	Δ.						0	0			
MEMBER, NAT'L COMMISSION	0	X							0			C
43) JOSEPH S BERMAN	1.00	Δ.						0	0			
MEMBER, NAT'L COMMISSION	0	X						0	0			(
44) JARED O BLUM	1.00	Δ.						0	0			
MEMBER, NAT'L COMMISSION	0	X						0	0			(
45) LINDA J BLUM	1.00	21										
MEMBER, NAT'L COMMISSION	0	X						0	0			(
46) DAVID BODNEY	1.00	21							J			
MEMBER, NAT'L COMMISSION	0	X							0			(
47) BRIAN B BOORSTEIN	1.00	21							J			
MEMBER, NAT'L COMMISSION	0	X							0			(
								0	0			
1b Sub-total c Total from continuation sheets to Part VII, S												
d Total (add lines 1b and 1c)	_											
2 Total number of individuals (including but not							ro	coived more than	\$100,000 of			
reportable compensation from the organizatio		63		u ai	JUV	e) Wiic	, 16	ceived more man	φ100,000 oi			
	. ,										Yes	No
3 Did the organization list any former offic	or directo		40.	ıoto	•	م برما	n	lovos or highes	t componented		103	110
a Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>										3		Х
4 For any individual listed on line 1a, is the												
organization and related organizations graindividual									ie J for such	4	Х	
										7	21	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors	50, COMPLE	1 0 301	ı c uu	iie J	101	Sucii	p e r.	SUII		3		
	nanaatad i	odone			200	traata	1	hat received more	than \$100 000 a	ı		
1 Complete this table for your five highest com												

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

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo			and F	lig	1	ed Employees (d	continue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	ss pe	more rson irect	e than or	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	d
48) LYNNE Y BORSUK	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
19) MICHAEL E BOTNICK	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
50) CYNTHIA D BRODSKY	1.00											
MEMBER, NAT'L COMMISSION	0	Х			L			0	0			(
51) REVALEE BRODY	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
52) BERNARD BROWNSTEIN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
33) DAVID P BUCHHOLTZ	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
64) MARTIN L BUDD	6.00											
MBR NC; CH OUTRCH & INTERFAITH	1.50	Х						0	0			(
55) SHELDON O BURMAN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
6) MICHAEL A CHERRY	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
57) EVAN R CHESLER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
88) JASON CHUDNOFSKY	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
												
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• • •	• •	• •							
d Total (add lines 1b and 1c)	-											
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organization		63		u u.	JO V.	<i>3)</i> W 110	, , ,	ocived more than	Ψ100,000 01			
											Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e.	kev e	mp	olovee, or highes	t compensated			110
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	If	"Yes	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "You have be a receive or the organization or the organizat</i>										5		Х
Section B. Independent Contractors	,	. 5 501			. 01	30.0.7	,,,,,,,,					
Complete this table for your five highest compensation from the organization. Report of the compensation from the organization.												

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

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	yee	es,	and F	ligi	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	unles	ss pe	more	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
59) LINDA J CLIFTON	1.00									
MEMBER, NAT'L COMMISSION	0	Х						0	0	
60) H RODGIN COHEN	1.00									
MEMBER, NAT'L COMMISSION	0	X						O	0	
61) ADAM M COLE	5.00									
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0	
62) FAITH COOKLER	1.00									
MEMBER, NAT'L COMMISSION	0	Х						0	0	
53) JONATHAN COOKLER	1.00									
MEMBER, NAT'L COMMISSION	0	Х						0	0	
54) LAWRENCE COOPER	1.00									
MEMBER, NAT'L COMMISSION	0	Х						0	0	
55) ELLIOT J COSGROVE	1.00									
MEMBER, NAT'L COMMISSION	0	Х						0	0	
MEMBER, NAT'L COMMISSION	1.00	Х						C	0	
MBR, NAT'L COMM'N; REG'L BD CH	5.00 0	X						O	0	
58) WILLIAM C DAVIDSON	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	0	
59) WARREN DAVIS	1.00									
MEMBER, NAT'L COMMISSION	0	Х						0	0	
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A limited to t	· · ·	<u> </u>				► ► • re	eceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	63	3							
										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	lf.	"Yes	;"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report of year. 										

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

Part VII Section A. Officers, Directors, Tru		y EII	ipic			and r	ııgı		1	CONTINU		
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimated mount of other	
	hours for related organizations below dotted line)	office Individual trustee or director	a Institutional trustee		Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fı org an	npensation the ganization the ganization and related anization	on d
70) DIANE LIPTON DENNIS (A:11/13)	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	O			
71) JEFFREY DIAMOND	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	O			
72) MARK DILLON	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	0			
73) MITCHELL B DUBICK	1.00							_	_			
MEMBER, NAT'L COMMISSION	0	X						0	C			
74) JOANNE EGERMAN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0	1		
75) JAY W EISENHOFER	1.00											
MEMBER, NAT'L COMMISSION	0	X						U	0	1		-
76) MARSHALL ELOVICH	1.00	,										
MEMBER, NAT'L COMMISSION	0	X						U	U			- (
77) ESTA G EPSTEIN MBR NC; CHAIR EDUC COMMITTEE	6.00								0			
78) NORMAN L EPSTEIN	1.00	X						0				
MEMBER, NAT'L COMMISSION	0	X						0	0			
79) ROBERT EPSTEIN	1.00	Λ										
MEMBER, NAT'L COMMISSION	0	X						0	0			
80) KENNETH H FEILER	1.00											
MEMBER, NAT'L COMMISSION	0	X							0			
·	_	21										
1b Sub-total c Total from continuation sheets to Part VII, So	oction A		• • •		• •							
d Total (add lines 1b and 1c)	_											
2 Total number of individuals (including but not	limited to t	hose	liste				re	ceived more than	\$100,000 of			
reportable compensation from the organization	1 ▶	63	3								T.,	
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	50,0	00?	' It	"Yes	;"	complete Schedu		4	X	
5 Did any person listed on line 1a receive or									on or individual			
for services rendered to the organization? If "Ye Section B. Independent Contractors										5		Х
	naneatad i	ndend	anda	ant i	con	tracto	re t	hat received more	than \$100 000 a	of.		
Complete this table for your five highest com- compensation from the organization. Report c												

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

Part VII Section A. Officers, Directors, Tru		y ⊨n	ıplo			and H	ııgl		ea Employees (d	<u>continue</u>		
(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average	(do r	not ok	Posi		e than or	20	Reportable	Reportable		stimated nount of	
	hours per week (list any					is both a		compensation from	compensation from related		other	
	hours for	office		d a di	irect	or/truste		the	organizations		pensati	on
	related	Individual trustee or director	Inst	Officer	Key	Hig	Forme	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	vidu	it uti	cer	em	hest	mer	(W-2/1099-MISC)		_	anizatio d related	
	line)	tor t	ona		plo)	e cor					anization	
	,	rust	Institutional trustee		ee	npe				_		
) e	stee			Highest compensated employee						
)1) DEDEGGA BEIN LUKG	1 00					ed						
31) REBECCA FEIN LUKS	1.00											,
MEMBER, NAT'L COMMISSION	0	X						C	U	1		(
32) EARL N FELDMAN	1.00							_				
MEMBER, NAT'L COMMISSION	0	X						C	0	<u> </u>		(
33) ELAINE FEUER-BARTON	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			(
34) SUSAN FINE	1.00											
MEMBER, NAT'L COMMISSION	0	X						C	0	1		(
35) JUDITH FINKEL	1.00											
MEMBER, NAT'L COMMISSION	0	Х						C	0	4		(
36) MARK S FINKELSTEIN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						C	0	,		(
7) MICHAEL FINKELSTEIN	1.00											
MEMBER, NAT'L COMMISSION		Х							0	,		(
8) HOWARD M FISCHER	1.00								-			
MEMBER, NAT'L COMMISSION	0	Х							0	ı		(
39) BARBARA FISHBEIN	1.00											
MEMBER, NAT'L COMMISSION	0	Х							0	,		(
00) A CRAIG FLEISHMAN	1.00											
MEMBER, NAT'L COMMISSION	0	Х							0	,		(
O1) JOSH FORCE	5.00	- 1							0			
	3.00	v										(
MBR, NAT'L COMM'N; REG'L BD CH	0	X						U	U	1		
1b Sub-total												
c Total from continuation sheets to Part VII, S	_											
d Total (add lines 1b and 1c)							<u> </u>		•			
2 Total number of individuals (including but not				d ab	oove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization	n ▶	63	3								1	
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ual .						3		X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	omi	per	sation	ar	nd other compens	sation from the			
organization and related organizations gro												
individual										4	X	
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	ron	n any	uni	related organization	on or individual			
for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors									·			
Complete this table for your five highest com	pensated i	ndepe	ende	ent c	con	tractor	s t	hat received more	than \$100,000 d	of		
compensation from the organization. Report of												
year.						-			=			

(B) Description of services	(C) Compensation
	Description of services

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	yee	es,	and F	lig	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more	e than or his both sor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fro orga	(F) stimated nount of other pensatio om the anizatio d related anizatior	f ion on d
92) SHERRIE FRACHTMAN	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	0			0
93) ANDREW FRACKMAN	1.00											_
MEMBER, NAT'L COMMISSION	0	X						0	0			0
94) CHARLOTTE K FRANK	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
95) JULIANNA K FRIEDMAN	1.00											0
MEMBER, NAT'L COMMISSION	1 00	X						0	0			0
96) SUE-ANN FRIEDMAN	1.00							0				0
MEMBER, NAT'L COMMISSION 97) JULIE GAL	1.00	X						0	0			0
MEMBER, NAT'L COMMISSION	1.00	X						0	0			0
98) LORI GANS	1.00	Λ						0	U			
MEMBER, NAT'L COMMISSION	1.00	X						0	0			0
99) NATHAN GANTCHER	1.00	Λ.						0				
MEMBER, NAT'L COMMISSION	1.00	X						0	0			0
.00) HAROLD C GARNICK	1.00											
MEMBER, NAT'L COMMISSION	1	Х						0	0			0
.01) SETH M GERBER	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	1	Х						0	0			0
.02) IRVING M GESZEL	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
1b Sub-total	•											
c Total from continuation sheets to Part VII, S							>					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 63		d al	OOV	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	lf	"Yes	5,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of												

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

Part VII Section A. Officers, Directors, Tru		y ⊑ 11	ihio			anu F	ııyı	1		JULILITUE		
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s per	tion more	on oth highest compensated er is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) stimated nount of other pensatio om the anizatio d related anizatior	f on on d
103) PHILLIP GINSBURG	5.00					<u>ā</u>						
MBR, NAT'L COMM'N; REG'L BD CH	3.00	X						0	0			0
104) MARCIA GLASSEL	1.00	21										
MEMBER, NAT'L COMMISSION	0	X						0	0			0
105) JONATHAN I GLEKLEN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
LO6) LAWRENCE E GLICK	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
.07) RICHARD D GLOVSKY	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
08) NEIL GOLDBERG	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
.09) WILLIAM H GOLDBERG	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
10) JANE W GOLDBLUM	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
11) JOSEPH A GOLDBLUM	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
12) PEGGY GOLDMAN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
.13) ANDREW GOLDMAN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			(
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to tl	hose	liste				> re	eceived more than	\$100,000 of			
reportable compensation from the organization		63	3								V	NI-
O Did the conscioning list and forms of	Parata										Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ividu	ıal .						3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	lf	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Yo										5		Х
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of 												

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

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per	,		Pos heck		e than c		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)				direct	both st Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
114) EUGENE GOLDSTEIN	1.00									
MEMBER, NAT'L COMMISSION	0	Х						0	O	0
115) HOWARD W GOLDSTEIN	6.00									
MBR NC; CH ADMIN	1.50	X						0	C	0
116) LEON C GOLDSTEIN	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
117) ROSLYN GOLDSTEIN	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	0	0
118) ALAN H GOODMAN	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	0	0
119) CECILIA GOODMAN	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	0	0
120) MARTIN F GREENBERG	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	O	0
121) JEFFREY B GREENE	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	С	0
122) EILEEN GREENLAND	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
123) JANE CUTLER GREENSPAN	1.00							_	_	
MEMBER, NAT'L COMMISSION	0	X						0	C	0
124) KARYN GREENWALD	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
1b Sub-total										
c Total from continuation sheets to Part VII, S	_									
d Total (add lines 1b and 1c)							<u> </u>	<u> </u>		
2 Total number of individuals (including but not				d a	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organization)II /	63	3							
						_				Yes No
3 Did the organization list any former offi										
employee on line 1a? If "Yes," complete Scheo										3 X
4 For any individual listed on line 1a, is the organization and related organizations guindividual	eater than	\$15	0,0	00?	. It	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "										5 X
Section B. Independent Contractors	os, comple	.5 501	·out	.,	, 101	34011	ان			<u> </u>
Complete this table for your five highest concompensation from the organization. Report										

(B) Description of services	(C) Compensation
	Description of services

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 \blacktriangleright

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continue	∍d)	
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	am	stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anization d related anization	d
125) MURRAY GREIFF	1.00											
MEMBER, NAT'L COMMISSION	0	X						C	0			0
126) DAVID GROSSMAN	1.00											
MEMBER, NAT'L COMMISSION	0	X						C	0			0
127) TRACY GROSSMAN (AS OF 11/13)	1.00											
MEMBER, NAT'L COMMISSION	0	X						C	0			0
128) FRANKLIN J HARBERG	1.00											
MEMBER, NAT'L COMMISSION	0	X						C	0			0
129) JOHN B HARRIS	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						C	0			0
130) GERALD W HARTER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						C	0			0
131) SHELDON HEARST	1.00											
MEMBER, NAT'L COMMISSION	0	Х						C	0			0
132) DAVID S HERSHBERG	1.00											
MEMBER, NAT'L COMMISSION	1.00	Х						C	0			0
133) EILEEN HERSHBERG (AS OF 11/13)	1.00											
MEMBER, NAT'L COMMISSION	0	Х						C	0			0
134) EDWARD S HERSHFIELD	1.00											
MEMBER, NAT'L COMMISSION	0	Х							0			0
135) DAVID B HERTZOG	1.00								-			
MEMBER, NAT'L COMMISSION	0	Х							0			0
						1						
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• • •		• •							
d Total (add lines 1b and 1c)	_						•					
2 Total number of individuals (including but not							o re	ceived more than	\$100 000 of			
reportable compensation from the organization		63		.		o,			ψ. σσ,σσσ σ.			
											Yes	No
3 Did the organization list any former office	or directo	ır or	tri	icto		kov c	mn	Novoo or highes	t componented			
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	. It	f "Yes	5,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Your person in the artificial and the art</i>										5		Х
Section B. Independent Contractors												
Complete this table for your five highest components components to the organization. Report of the components of th												

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

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (continue	∍d)	
(A)	(B)			(0	C)			(D)		(F)		
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe	erson	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	com	stimated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	d
136) GAIL GOLDSTEIN HEYMAN (U:11/13	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	()		0
137) DAVID HIRSON	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	()		0
138) IRWIN HOCHBERG	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	()		0
139) SUSAN KATZ HOFFMAN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	()		0
140) LOUISE P HOMBURGER	1.00											
MEMBER, NAT'L COMMISSION	0	X						O	()		0
141) ERIC HORODAS	9.00											
REG'L BD CH; CH DEVEL COMM'TE	2.50	X						C	()		0
142) GERALD D HOROWITZ	1.00											
MEMBER, NAT'L COMMISSION	0	X						O	()		0
143) MICHAEL E HOROWITZ	1.00											
MEMBER, NAT'L COMMISSION	0	X						C	()		0
144) DAVID M ICKOVIC	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	()		0
145) ALLAN J JACOBS	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	()		0
146) ROCHELLE JACOBSON	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	()		0
1b Sub-total							\blacktriangleright					
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not				d a	bov	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organizatio	n >	63	3								\	
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. It	"Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or										-		
for services rendered to the organization? If "Y Section B. Independent Contractors										5		Х
Complete this table for your five highest com	i hateenan	ndend	ndo	nt	con	tracto	re t	hat received more	than \$100 000			
compensation from the organization. Report of												

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

Part VII Section A. Officers, Directors, Tru		y ∟ n	ıplo			and F	ııgl			continue		
(A) Name and title	Average hours per week (list any hours for		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	othe compens		f					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	d
147) KENNETH M JARIN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
148) MAX JAVIT	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
149) PATRICK JENSEN	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	0			0
150) ELIZABETH JICK	1.00											_
MEMBER, NAT'L COMMISSION	0	X						0	0			0
151) WILLIAM JOEL	1.00	,										_
MEMBER, NAT'L COMMISSION 152) SAMUEL K JONAS	1.00	X						0	U			0
MEMBER, NAT'L COMMISSION	1.00	X						0				0
153) WALTER JOSPIN	1.00	Λ						0	0			
MEMBER, NAT'L COMMISSION	0	X						0	0			0
154) ROBERT J JOSSEN	1.00							0	0			
MEMBER, NAT'L COMMISSION	0	X						0	0			0
155) MARK JUSTER	1.00							-	-			
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
156) RHODA KAHN NUSSBAUM	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
157) DENNIS G KAINEN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
1b Sub-total												
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not reportable compensation from the organization		hose 63		d al	bove	e) who	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office	er directo	r or	tru	ıste	e	kev e	mn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ual						3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	' If	"Yes	;"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												
 Complete this table for your five highest com compensation from the organization. Report of 												

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

Form 990 (2013) Part VII S	action A Officers Directors Tru	istoos Ko	v En	nlo		200	and I	امنك	hast Campansat	ad Employees (e			Page 8
Pant VII S	ection A. Officers, Directors, Tru (A)		y ⊏ii	ipio			and r	nıgı	1		ontinue		
Name and title		Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than control Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) stimated nount of other upensation om the lanization d related anization	f on n d
158) DENNIS	R KANIN	1.00											
`	, NAT'L COMMISSION	0	Х							0	ı		0
159) MARC B		5.00											
	AT'L COMM'N; REG'L BD CH	0	Х						0	0	ı		0
160) SHELLY		1.00											
MEMBER	, NAT'L COMMISSION	0	Х						0	0	1		0
161) ALFRED	D KATZ	1.00											
MEMBER	, NAT'L COMMISSION	0	Х						0	0	1		0
162) CECELI	A E KATZ	1.00											
MEMBER	, NAT'L COMMISSION	0	Х						0	0			0
(163) JOEL M	KAYE	1.00									1		
	, NAT'L COMMISSION	0	X						0	0			0
[164] JACK K	LEIN	1.00									1		
	, NAT'L COMMISSION	0	X						0	0			0
165) ROBERT		6.00									1		
	; CH M&C COMMITTEE	0	X						0	0			0
166) MURRAY		1.00									ı		
	, NAT'L COMMISSION	.50	X						0	0	i		0
	KORN (AS OF 11/13)	1.00									1		•
	, NAT'L COMMISSION	0	X						0	0			0
(168) GERALD		1.00									i		^
	, NAT'L COMMISSION	0	X						0	U			0
d Total (add	n continuation sheets to Part VII, Sold lines 1b and 1c)ber of individuals (including but not	<u> </u>						> re	eceived more than	\$100,000 of			
	e compensation from the organization		63		u u.	000	<i>5)</i> W 110	0 10	ocived more than	φ100,000 01			
												Yes	No
	organization list any former offic on line 1a? If "Yes," complete Schedu										3		Х
organizati	ndividual listed on line 1a, is the son and related organizations gre	eater than	\$15	50,0	00?	' If	"Yes	3,"	complete Schedu	le J for such	4	X	
	person listed on line 1a receive or												
	es rendered to the organization? If "Ye										5		Х
	dependent Contractors												
	this table for your five highest com ation from the organization. Report c												

(B) Description of services	(C) Compensation
	Description of services

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per	,		Pos heck		e than c		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)				direct	both st Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
169) KENNETH S KRANZBERG	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
170) MICHAEL P KRASNY	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	0	0
171) CHARLES J KURLAND	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	0	0
172) JAMES KURTZ-PHELAN	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	О	0
173) GARY J KUSHNER	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
174) DOUGLAS S LAND	1.00	-						_	_	
MEMBER, NAT'L COMMISSION	0	X						0	U	0
175) ELLIS LANDAU	5.00									
MBR, NAT'L COMM'N; REG'L BD CH	.50	X						0	U	0
176) HOWARD LANDAU	1.00									
MEMBER, NAT'L COMMISSION	1 00	X						0	U	0
177) RUTH L LANSNER	1.00									0
MEMBER, NAT'L COMMISSION	1.00	X						0	0	0
178) JONATHAN LAVINE (AS OF 11/13) MEMBER, NAT'L COMMISSION	1.00	X								0
179) ALLEN M LAWRENCE	1.00	Δ.								0
MEMBER, NAT'L COMMISSION	1.00	X								0
					l		┢			
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •					
d Total (add lines 1b and 1c)	_									
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offic	er directo	or or	trı	iste	<u> </u>	kev e	mn	olovee or highes	t compensated	133 113
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gr	eater than	\$15	0,0	00?	. It	"Yes	3,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? <i>If "Y</i>										5 X
Section B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,									
Complete this table for your five highest com- compensation from the organization. Report of										

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	∍d)	
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a c	erson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	stimated nount of other pensation	f ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related anization	on d
180) FREDERICK M LAWRENCE	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
181) ALAN LAZOWSKI	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
182) JONATHAN LEADER	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
183) THOMAS J LEANSE	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
184) MELVIN LECHNER	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
185) BRUNO LEDWIN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
186) MICHAEL LERNER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
187) BRADLEY A LEVIN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
188) JEFFREY S LEVINGER	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0			0
189) GARY H LEVINSON	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
190) BARRY LEVITT	1.00											
MEMBER, NAT'L COMMISSION	0	Х							0			0
1b Sub-total							•					
c Total from continuation sheets to Part VII, S	ection A		• • •		• •		•					
d Total (add lines 1b and 1c)	_						•					
2 Total number of individuals (including but not							o re	ceived more than	\$100.000 of			
reportable compensation from the organization		63				,			. ,			
											Yes	No
3 Did the organization list any former office	er directo	r or	tri	iste	م	kev e	mn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the												
organization and related organizations gro										4	X	
individual										4	^	
5 Did any person listed on line 1a receive or										-		77
for services rendered to the organization? If "Y	es, comple	ie Sci	ieau	iie J	ı tor	sucn	per	son		5	Ш	X
Section B. Independent Contractors		- de :	- ا- مر			4=0 =4 =			than #100 000			
Complete this table for your five highest componentation from the organization. Report of the component												

(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 \blacktriangleright

	45							4				
(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	s pe	ition more	e than o is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	Es ^a	(F) timated tount of other	
	hours for related organizations below dotted line)	office Individual trustee or director	a Institutional trustee			Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization direlated anization	n d
91) BEVERLY LEVY (DECEASED 3/14)	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			
92) DANIEL M LEVY	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			
93) MARVIN LEVY	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			
94) SAMUEL LEVY (AS OF 11/13)	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			
95) MAURICE LEWITT	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			
96) GINNY MACDOWELL	6.00											
MBR NC; CH OUTRCH & INTERFAITH	0	Х						0	0			
97) AUDREY MAGID	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			
98) ARNOLD L MANHEIMER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			
99) SYLVIA R MARGOLIES	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			
00) DANIEL MARIASCHIN	1.00	21							, , ,			
MEMBER, NAT'L COMMISSION	0	Х						0	0			
01) MITCHELL MARKOW	1.00	21						0				
MEMBER, NAT'L COMMISSION	0	Х						0	0			
	0	Λ						0	U			
1b Sub-total												
c Total from continuation sheets to Part VII, S					• •							
d Total (add lines 1b and 1c)						- \			↑ ↑400,000,~f			
2 Total number of individuals (including but not reportable compensation from the organizatio				a ar	OOVE	e) wnc	re	ceived more than	\$100,000 of			
reportable compensation from the organizatio		63	5								.,	
											Yes	N
3 Did the organization list any former offic												37
employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,00	00?	lf	"Yes	," (complete Schedu		4	Х	
									امريان المانية المانية	-		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors	oo, comple	.G OU	icuu	ie J	101	Subil	μσι	JOH				
Cotton D. macpondent Contractors												

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continue	∍d)	
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	erson	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	stimated nount of other pensation	f ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related anization	on d
202) JAMES G MARKS	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
203) GREGG M MASHBERG	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
204) BARRY MEHLER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
205) LEAH MENDELSOHN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
206) FRED MENOWITZ	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
207) LAURA MERAGE	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
208) MICHAEL MERLIN	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	1.00	Х						0	0			0
209) WILLIAM MEYER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
210) JUDITH MEYER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
211) LAWRENCE J MILLER	1.00											
MEMBER, NAT'L COMMISSION	1.50	Х						0	0			0
212) DAVID J MILLSTONE	1.00											
MEMBER, NAT'L COMMISSION	.50	Х							0			0
							_					
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• • •	• •	• •							
d Total (add lines 1b and 1c)	_						•					
2 Total number of individuals (including but not							re	ceived more than	\$100.000 of			
reportable compensation from the organization		63				-,			* ,			
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual						3		X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. It	"Yes	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "You have be a receive or the organization or the organizat</i>										5		Х
Section B. Independent Contractors	ce, comple	.5 501			01	34011	701	~~.,				
Complete this table for your five highest compensation from the organization. Report of												

(B) Description of services	(C) Compensation
	Description of services

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 \blacktriangleright

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees (continue	:d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est am	(F) timated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatior d related anization	b
213) JACOB MOROWITZ	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C)		0
214) MARSHA MOSES	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C	1		0
215) NANCY PARRIS MOSKOWITZ	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C	1		0
216) GEORGE E MOSS	1.00											
MEMBER, NAT'L COMMISSION	3.50	X						0	C	<u> </u>		0
217) RICHARD F MOSS	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C	1		0
218) WILLIAM G MOWAT	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	C	<u> </u>		0
219) NICOLE MUTCHNIK	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C	<u> </u>		0
220) MARVIN D NATHAN	6.00											
MBR NC; CH PLANNING COMM'TE	.50	X						0	C	<u> </u>		0
221) JEFFERY S NEWBERG MEMBER, NAT'L COMMISSION	1.00	X						C	C)		0
222) JONAH A NEUMAN MEMBER, NAT'L COMMISSION	1.00	X						C	C)		0
223) STEVEN B NICHOLS MEMBER, NAT'L COMMISSION	1.00	-						C	C)		0
1b Sub-total							_					
c Total from continuation sheets to Part VII, S	ection A		• •		• •		•					
d Total (add lines 1b and 1c)	_						•					
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations grants.	eater than	\$15	50,0	00?	. It	f "Yes	5,"	complete Schedu	le J for such		77	
individual										4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors						_						
 Complete this table for your five highest com compensation from the organization. Report of 												

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

Part VII Section A. Officers, Directors, Tru (A)				, (C				(D)				
Name and title	Average hours per week (list any hours for	box,	unles er and	Posi neck i ss per	tion more rson irect	than or is both or/truste	an ee)	Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) stimated nount of other pensation the	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	anizatio d related anization	d
224) RICHARD M NODEL	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
25) HARRIET M NORRIS	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
26) NEIL B OBERFELD	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
27) NORMAN F OBLON	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
28) ROBERT OGAN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
29) CAROL OSTROW	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
30) JEFFREY M PARKER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
31) SHELLEY PARKER	6.00											
MBR NC; CHAIR BUDGET COMMITTEE	3.50	Х						0	0			0
32) DENNIS PASSIS	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
33) ROSS PEARLSON	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0			0
34) ROBERT PERGAMENT	1.00							-				
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
							$\overline{}$					
1b Sub-total c Total from continuation sheets to Part VII, S	oction A											
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organization		63		u u.	,,,,	, w iic	, 10	ocived more man	Ψ100,000 01			
	· ·										Yes	No
3 Did the organization list any former offic	or directo	r or	tru	ictor	<u>, , , , , , , , , , , , , , , , , , , </u>	.0 0	mn	lovos or highest	t componented		100	110
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	lividu	ual .						3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors		- اد ـ						danak majarah sa d	than 0400 000			
Complete this table for your five highest com- compensation from the organization. Report c												

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

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles er and	ss pe	ition more rson lirect	e than o is both or/truste employ	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	(F) stimated nount of other pensation om the anization	ion on
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	•			l	d related anization	
235) MICHAEL PERLOW	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
236) LORNE R POLGER	1.00							_	_			_
MEMBER, NAT'L COMMISSION	0	X						0	0			0
237) ALBERT A POLLANS	1.00											0
MEMBER, NAT'L COMMISSION	0	X						0	0			0
238) AVNER PORAT MEMBER, NAT'L COMMISSION	1.00	37										0
239) JANET POZMANTIER	1.00	X						0	0			
MEMBER, NAT'L COMMISSION	0	X						0	0			0
240) LIZ PRICE	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
241) HARVEY R PRINCE	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
242) SUZANNE PRINCE	1.00											
MEMBER, NAT'L COMMISSION		Х						0	0			0
243) DAVID B PUDLIN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
244) STEPHEN QUEEN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
245) JOHN A RAPHAEL	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
1b Sub-total							\blacktriangleright					
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but no reportable compensation from the organizat				d at	oove	e) who	re	eceived more than	\$100,000 of			
Teportable compensation from the organizat	1011	63)								Yes	No
2 Did the executation list only former of	liaar diraata		4		_	م بدیدا		Javaa ar birdaa	t		162	NO
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	edule J for su	ch ind	lividu	ual						3		Х
4 For any individual listed on line 1a, is the organization and related organizations (individual	greater than	\$15	0,0	00?	' If	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive of												
for services rendered to the organization? If										5		Х
Section B. Independent Contractors												
Complete this table for your five highest co- compensation from the organization. Report												

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and H	ligl	hest Compensat	ed Employees (d	ontinue	<u>∍d)</u>	
(A)	(B)			(0				(D)	(E)	Ec	(F) stimated	ı
Name and title	Average hours per week (list any hours for	box,	not ch unles	s pei	more rson	than or is both a	an	Reportable compensation from the	Reportable compensation from related organizations	am	nount of other	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the anizatio d related	n d
246) LARRY RASKY	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
247) ALAN M RAUSS	1.00									l		
MEMBER, NAT'L COMMISSION	0	X						0	0			(
248) MARLENE RECHT	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	l		(
249) SEYMOUR D REICH	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	l		(
250) ARTHUR REIDEL	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	l		(
251) MARC REISSNER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	l		(
252) BURTON P RESNICK	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	l		(
253) MYRON J RESNICK	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	l		(
254) BEVERLY RIPPS	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	l		(
255) JEFF ROBBINS	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0	l		(
256) RACHEL F ROBBINS	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	l		(
1h Cub total	1						_					
c Total from continuation sheets to Part VII, S												
d Total (add lines 1b and 1c)	_											
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organization		63		u ai	JOVE	s) Wild	, 10	ceived more man	φ100,000 01			
	. ,										Yes	No
2 Did the experientian list any farmer office	مد مانده مده		4		_			Javaa ar birdaa	t		163	140
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Ye</i>										5		Х
Section B. Independent Contractors	,						,					
Complete this table for your five highest common compensation from the organization. Report of the compensation from the organization.												

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (continue	d)	
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable		(F) timated	
	hours per week (list any hours for	box,	unles er and	ss pe	erson	e than o	an ee)	compensation from the	compensation from related organizations	comp	ount of other pensatio	n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the enizatior related nization	
257) BERNARD ROBERTS	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C)		0
258) ISRAEL ROIZMAN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C)		0
259) LAWRENCE ROSENBLOOM	6.00											
MBR, NAT'L COMM'N; IA CH	2.50	X						0	C)		0
260) GIDEON ROTHSCHILD	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C)		0
261) MICHAEL I ROTHSTEIN	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	C)		0
262) ARNOLD G RUBIN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C)		0
263) GEORGE C RUDOLPH	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	С)		0
264) JAMES L RUDOLPH	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C			0
265) MARGERY RUSSELL	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	C			0
266) ALLAN A RYAN	1.00							_				_
MEMBER, NAT'L COMMISSION	0	X						U	C)		0
267) LILY SAAD	1.00	-						_				_
MEMBER, NAT'L COMMISSION	0							U	C)		0
1b Sub-total												
c Total from continuation sheets to Part VII, S	_						>					
d Total (add lines 1b and 1c)							<u> </u>		<u> </u>			
2 Total number of individuals (including but not				d al	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization		63	3								Y	
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. It	f "Yes	5,"	complete Schedu	le J for such	4	Х	
										7		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5		Х
Section B. Independent Contractors	oo, oompie	.5 501		., 0	, 101	GUGIT	ان	00.1		_		
Complete this table for your five highest compensation from the organization. Report of												

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

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per	,	not cl	(E) Reportable compensation from	(F) Estimated amount of other					
	week (list any hours for related organizations below dotted line)				direct	is tor/tru Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
268) LEONARD SAHN	1.00									
MEMBER, NAT'L COMMISSION	0	Х						0	C	0
269) STEPHEN L SALTZMAN	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
270) JEFFREY D SAPER	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
271) MITCHELL H SARANOW	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
272) LEWIS A SASSOON	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
273) BENJAMIN S SAX	6.00									
MBR NC; CH LEGACY COMM'TE	1.50	X						0	С	0
274) DAVID R SCHAEFER	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
275) RICHARD M SCHAPS	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
276) MARC J SCHNEIDER	5.00									
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	C	0
277) JAN SCHNEIDERMAN	1.00									
MEMBER, NAT'L COMMISSION	0	X						0	C	0
278) MILTON S SCHNEIDER	1.00	4								
MEMBER, NAT'L COMMISSION	6.00	X						0	C	0
1b Sub-total										
c Total from continuation sheets to Part VII, S	_									
d Total (add lines 1b and 1c)							_		1	
2 Total number of individuals (including but not				d a	bov	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization		63	3							
										Yes No
3 Did the organization list any former office										2 V
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	. It	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Yo										5 X
Section B. Independent Contractors	co, comple	.5 501	·out	.,,,,	, 101	Juon	POI			1 2 1 1 1
Complete this table for your five highest common compensation from the organization. Report of the compensation from the organization.										

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

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es,	and F	lig	hest Compensat	ed Employees (d	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	s pe	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est ame comp	(F) timated ount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatior I related nization	
279) JUDITH SCHRAM	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0	ļ		0
280) STEVE H SCHRAM	5.00									l		
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	0	ļ		C
281) JOAN SCHULTZ	1.00									l		
MEMBER, NAT'L COMMISSION	0	Х						0	0			C
282) MARK R SCHUSTER	1.00									l		
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
283) DALE M SCHWARTZ	1.00									l		
MEMBER, NAT'L COMMISSION	0	Х						0	0	<u> </u>		C
284) HAROLD W SCHWARTZ	1.00									l		
MEMBER, NAT'L COMMISSION	0	Х						O	0			(
285) PAMELA SCHWARTZ	6.00									l		
MBR, NC; CH REGIONAL OPS	1.50	Х						C	0			(
286) HENRY SCHWOB	1.00											
MEMBER, NAT'L COMMISSION	0	X						C	0			(
287) SARAH SCOTT	1.00									l		
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
288) LINDA SELIG (UNTIL: 11/13) MEMBER, NAT'L COMMISSION	1.00	X						C	0			(
289) MICHAEL B SERLING MEMBER, NAT'L COMMISSION	1.00	Х						C	0			(
1b Sub-total							>					
c Total from continuation sheets to Part VII, S	-											
d Total (add lines 1b and 1c)	limited to t		liste				re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,00	00?	If	"Yes	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors										5		Х
		. d c :- :	- ا- مر			huo ct :	·		than \$100,000 -			—
1 Complete this table for your five highest comcompensation from the organization. Report of												

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

Part VII Section A. Officers, Directors, Tru		y <u>- 11</u>	ipio			ana i	ııg.			Oritiriae		
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s per	tion more son rect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) stimated nount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatio d related anization	d
290) GIL R SEROTA	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
291) DOBORAH SHALOM (AS OF 11/13)	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
292) NEAL SHAPERO	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
293) KEITH SHAPIRO	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
294) HOWARD SHAPIRO	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0			0
295) MICHAEL N SHEETZ	6.00											
MBR, NC,CH LEAD.	0	Х						0	0			0
296) HOWARD A SHERWOOD	1.00											
MEMBER, NAT'L COMMISSION	.50	Х						0	0			0
297) ANDREA SHPALL	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0			0
298) MARTIN L SHULTZ	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
299) JEFFREY M SIMON	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
300) PAMELA J SIMON	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
1b Sub-total												
c Total from continuation sheets to Part VII, Se					•		•					
d Total (add lines 1b and 1c)							•					
Total number of individuals (including but not l reportable compensation from the organization	imited to th		liste				o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office	er. directo	r. or	tru	stee	e. 1	kev e	ame	olovee, or highest	compensated			
employee on line 1a? If "Yes," complete Schedu										3		Х
4 For any individual listed on line 1a, is the s	sum of ren	ortah	م ما	omr	nen	sation	n ai	nd other compens	sation from the			
organization and related organizations gre	eater than	\$15	0,00	90?	If	"Yes	5,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors	•											
Complete this table for your five highest compensation from the organization. Report compensation.												

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

Part VII Section A. Officers, Directors, Tru		<u>, </u>	.p.c			<u></u>	9.			- OTTER TO C		
(A) Name and title	Average hours per week (list any hours for related	(do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimate amount of other compensat		f
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	anizatio d related anization	d
301) MEGHAN WHITE SKINNER	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	0			0
302) MOISHE SMITH	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
303) ANDREW C SNYDER	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
304) HELEN WARREN SPECTOR	1.00											
MEMBER, NAT'L COMMISSION	.50	X						0	0			0
305) RICHARD G SPRING	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
306) ILENE STEIMAN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
307) LEIGH STEINBERG	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
308) ROBYN STEINBERG	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
309) SUSAN MARGULES STEINHARDT	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
310) ELLEN J STERNWEILER	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
311) ALLAN STEYER	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
1b Sub-total												
c Total from continuation sheets to Part VII, S							>					
d Total (add lines 1b and 1c)							\blacktriangleright					
Total number of individuals (including but not reportable compensation from the organization)	limited to tl		iste				re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offic	ar diracto	r or	tru	ctoc	ا د	(A) (mn	Novee or highest	compansated			
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ividu	ıal .						3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,00	90?	If	"Yes	;"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or										•		
for services rendered to the organization? <i>If "Ye</i>										5		Х
Section B. Independent Contractors										_		
Complete this table for your five highest com- compensation from the organization. Report compensation.												

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

	(A) Name and title	(B) Average			(C	;)			(D)	(E)		(F)	
		hours per week (list any	box,	not ch unles	s per I a di	more son	e than of the sis or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am com fro orga and	timated ount of other pensation the anization I related inization	f on n d
312)	ALEXANDER STOTLAND	5.00					<u> </u>						
	MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0			(
313)	STEPHEN D SUSMAN	1.00											
	MEMBER, NAT'L COMMISSION	0	Х						0	0			
314)	MARLA LERNER TANENBAUM	1.00											
	MEMBER, NAT'L COMMISSION	0	Х						0	o			
315)	JAY TAUSSIG	1.00											
	MEMBER, NAT'L COMMISSION	0	Х						0	ol			
316)	CHARLES E TAYLOR	1.00							-				
	MEMBER, NAT'L COMMISSION	0	Х						0	ol			
317)	ANDREW H TISCH	1.00											
	MEMBER, NAT'L COMMISSION	0	Х						0	ا			
318)	JAY L TOBIN	1.00			_								
	MEMBER, NAT'L COMMISSION	0	Х						0	٥			
219)	WENDY TONKIN	1.00	21		_					9			
	MEMBER, NAT'L COMMISSION	0	Х						0				
20)	SAM TRAMIEL	1.00	21							0			
20,	MEMBER, NAT'L COMMISSION	0	Х						0	0			
211	TRACY L TREGER	1.00			-					0			
21/	MEMBER, NAT'L COMMISSION	0	Х						0				
221	MARJORIE J TREISMAN	1.00			-					U			
24/		0	Х						0				
	MEMBER, NAT'L COMMISSION	U	Λ						U	U			
	Sub-total												
	Total from continuation sheets to Part VII, So	-											
	Total (add lines 1b and 1c)							_		1			
2	Total number of individuals (including but not l reportable compensation from the organization				a ab	OVE	e) wnc	o re	eceived more than	\$100,000 of			
	reportable compensation from the organization		63	•								V	
												Yes	No
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>										3		X
											3		
	For any individual listed on line 1a, is the s												
	organization and related organizations gre										4	Х	
_	individual										4	Λ	
	Did any person listed on line 1a receive or										-		v
	for services rendered to the organization? If "Yestion B. Independent Contractors	s, complet	ie ocr	ieuu	ie J	ior	Sucri	per	SUII		5		X
	Consideration B. Independent Contractors		1					4	hat are to t	th 0 100 000	,		
1	Complete this table for your five highest com compensation from the organization. Report c												

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, Tru		<i>y</i> =	.610			aria I	9			or mirror		
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s per	tion more	e than or Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fro orga and	timated anount of other pensation the anization drelated anization	f on on d
323) JEROME H TURK	1.00					9						
MEMBER, NAT'L COMMISSION	1.00	X						0	0			(
324) MARK S VIDERGAUZ	1.00	Λ		\dashv					0			
MEMBER, NAT'L COMMISSION	0	X						0	٥			(
325) HERBERT A WAINER	1.00	21							, , ,			
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
326) JOHN WALLACH	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0			(
327) LENORE WAX	1.00								-			
MEMBER, NAT'L COMMISSION	0	Х						0	o			(
328) ALLEN WAXMAN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	o			(
329) ALAN JAY WEIL	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	Х						0	0			(
330) ROBERTA L WEIL	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			(
331) DAVID ILAN WEIS	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			(
332) MIRIAM WEISMAN	5.00											
MBR, NAT'L COMM'N; REG'L BD CH	0	X						0	0			(
333) EDWARD WEISSELBERG	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			(
to Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) Total number of individuals (including but not line)	ection A						> re	eceived more than	\$100,000 of			
reportable compensation from the organization	n ▶	63	3									
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,00	00?	lf	"Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report c												

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, Tr		<u> </u>	ipio			<u> </u>	9.					
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s pers	ion nore son i	than of	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Es am	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anization	d
334) MARY WEISSMANN	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
335) MITCHELL J WESELEY	9.00											
MBR NC; REG'L BD CH; CHAIR IT	0	X						0	0			0
336) BARRY WINOGRAD (AS OF 11/13)	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
337) CHRISTOPHER WOLF	6.00											
MBR NC; CH CR COMM'TE	.50	Х						0	0			0
338) JACQUES WOLF	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
339) HARVEY J WOLKOFF	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
340) STEPHEN ZACK	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
341) FRED S ZEIDMAN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
342) MARJORIE ZESSAR (AS OF 11/13)	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
343) MARTINE ZINN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
344) ROBERT L ZUCHERMAN	1.00											
MEMBER, NAT'L COMMISSION	0	Х						0	0			0
1b Sub-total												
c Total from continuation sheets to Part VII, S	Section A				• •		•					
d Total (add lines 1b and 1c)	-						•					
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office	cer. directo	r. or	tru	stee	. k	cev e	mp	olovee, or highest	compensated			
employee on line 1a? If "Yes," complete Scheo										3		Х
4 For any individual listed on line 1a, is the												
organization and related organizations gr	eater than	\$15	0,00	90?	If	"Yes	," (complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "</i> Y										5		Х
Section B. Independent Contractors	, , , ,											
1 Complete this table for your five highest con	npensated in	ndepe	ende	nt c	ont	racto	rs t	hat received more	than \$100.000 o			
compensation from the organization. Report												

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 ▶

Form 990 (2013) Page **8**

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable	Es	(F) timated	
	hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	erson direct	e than of the state of the stat	an	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fro orga	nount of other pensatic om the anization d related anization	on n I
345) ARIE ZWEIG	1.00											
MEMBER, NAT'L COMMISSION	0	X						0	0			0
346) ABRAHAM H FOXMAN	20.00											
NATIONAL DIRECTOR (SCHJ, PTIII)	20.00	X		Х				343,550.	343,550.		59,8	38.
347) CLIFFORD SCHECHTER(9/13)	29.00											
CHIEF OPERATING OFFICER	11.00			Х				192,798.	70,108.		39,1	54.
348) MICHAEL A KELLMAN	24.00											
CHIEF FINANCIAL OFFICER	16.00			Х				154,686.	103,124.		39,1	54.
349) KENNETH JACOBSON	40.00											
DEPUTY NATIONAL DIRECTOR	0				X			240,808.	0		18,5	38.
350) IRA R WOLFSON	40.00											
ASSOC. NAT. DIR. OF REG. OPER.	0				X			214,552.	0		20,5	25.
351) DAVID S WAREN	40.00											
DIRECTOR OF EDUCATION	0				X			202,381.	0		38,0	15.
352) DEBORAH G LAUTER	40.00											
DIRECTOR OF CIVIL RIGHTS	0	1			X			193,442.	0		35,1	88.
353) STEVEN C SHEINBERG	20.00											
GENERAL COUNSEL	20.00				X			79,067.	79,067.		29,7	02.
354) AMANDA F SUSSKIND	40.00											
LA REGIONAL DIRECTOR	1 0	1				X		218,446.	0		19,1	31.
355) MICHAEL A SALBERG	40.00											
DIR. OF INTERNATIONAL AFFAIRS	0					X		207,731.	0		37,9	35
1b Sub-total						1	_	2077731.			3112	55.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							>					
Total number of individuals (including but not reportable compensation from the organization)	limited to t			d a	bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3		X
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	ole d	com	per	nsatio	n aı	nd other compens	sation from the			
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye										5		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, Tru	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	n of the structure of t	an	(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
	40.00					۵				
CHICAGO REGIONAL DIRECTOR	10.00	1				X		207,308.	0	36,200.
357) LINDA S ZISK(RES 10/14)	20.00					21		207,300.	0	30,200.
DIR. OF NAT'L MAJOR GIFTS	20.00	1				X		101,401.	101,401.	41,612.
358) SAMUEL V MEMBERG	30.00					21		101,101.	101,101.	11,012.
CHIEF INFORMATION OFFICER	10.00	-				X		152,037.	50,679.	35,318.
						Λ		132,037.	30,073.	33,310.
		_								
1b Sub-total							>			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A									
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3 X
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.										
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors	,						,			- 1
Complete this table for your five highest component compensation from the organization. Report of 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 \blacktriangleright

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 195,539 1a Federated campaigns 1b Membership dues С Fundraising events 11,919,636 1d 14,114,536 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 32,179,197 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 58,408,908 Program Service Revenue **Business Code** 937,397 EDUCATIONAL TRAINING FEES 611710 937,397 b All other program service revenue 937,397 Investment income (including dividends, interest, and 5,475. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . d Net rental income or (loss) . . (i) Securities (ii) Other Gross amount from sales of 1,710,138. assets other than inventory **b** Less: cost or other basis and sales expenses 1,737,016. -26,878. c Gain or (loss) -26,878 -26,878. Other Revenue Gross income from fundraising events (not including \$ __11,919,636. of contributions reported on line 1c). 8,909,364 See Part IV, line 18 a 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 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** INTEREST ON LOAN RECEIVABLE 900099 395 395. 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 61,366,360 2,020,055. 937.397

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										
	not include amounts reported on lines 6b, 7b, 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		0									
	Compensation of current officers, directors,										
ŭ	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.	000 660	2 416 625						
7	Other salaries and wages	21,835,734.	17,439,429.	979,668.	3,416,637.						
8	Pension plan accruals and contributions (include section	E10 C0C	106 505	26 765	06 076						
	401(k) and 403(b) employer contributions)	519,626.	406,585.	26,765.	86,276. 830,789.						
	Other employee benefits	4,884,636.	3,819,560.	234,287.							
10	,	2,015,221.	1,576,822.	103,801.	334,598.						
	Fees for services (non-employees):										
	Management	0									
	Legal	144,819.	20,859.	111,620.	12,340.						
	Accounting	8,000.	8,000.	111,020.	12,340.						
	I Lobbying	173,581.	0,000.		173,581.						
	Professional fundraising services. See Part IV, line 17.	173,301.			173,301.						
	f Investment management fees	, , ,									
٤	Other. (If line 11g amount exceeds 10% of line 25, column	0									
12	(A) amount, list line 11g expenses on Schedule C.). 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		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.)	4 550 505	4 560 500								
_	ADL GLOBAL 100 INDEX SURVEY	4,562,500.	4,562,500.	00 700							
	EDUCATION PROJ. & FUNCTIONS	2,327,104.	2,156,998.	92,782.	77,324.						
	CREATIVE DESIGN	700,857.	665,532.	35,325.	05 505						
	RESEARCH MATERIALS	175,815.	137,876.	12,142.	25,797.						
	All other expenses	3,053,088.	2,007,122.	769,439.	276,527.						
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundarining colinitation.	58,137,559.	47,160,933.	4,728,843.	6,247,783.						
	fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)	1,800,535.	1,199,278.	196,206.	405,051.						
JSA		±,000,000,	1117714100	170,200.	Form 990 (2013)						

JSA 3E1052 1.000 Form 990 (2013) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
		Chicago in Contouring a respense of	11010		(A)		(B)
					Beginning of year		End of year
	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	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		12,469.	5	11,864.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary			
S	_	organizations (see instructions). Complete Part II of Sche			0		0
Assets	7	Notes and loans receivable, net			200 500	7	0
As	8	Inventories for sale or use			382,500.	8	374,000.
	9	Prepaid expenses and deferred charges			571,501.	9	474,886.
	10 a	Land, buildings, and equipment: cost or	10a	20,101,690.			
	h	other basis. Complete Part VI of Schedule D Less: accumulated depreciation			9,010,190.	100	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		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			31,355,548.	16	30,925,474.
	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		0
es	21	Escrow or custodial account liability. Complete Pa			0	21	0
Liabilities	22	Loans and other payables to current and for					
Liak		trustees, key employees, highest compen			0		
_	22	disqualified persons. Complete Part II of Schedule			4,000,000.	22	4,000,000.
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated			4,000,000.		4,000,000.
	25	Other liabilities (including federal income tax,				24	0
	23	parties, and other liabilities not included on lines					
		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.
		Organizations that follow SFAS 117 (ASC 958),					
Fund Balances		complete lines 27 through 29, and lines 33 and	34.				
<u>a</u> u	27	Unrestricted net assets			-24,085,498.	27	-14,869,778.
Ba	28	Temporarily restricted net assets			6,507,398.	28	6,057,827.
pu	29	Permanently restricted net assets			0	29	0
or F		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ▶ and			
Net Assets or	30	Capital stock or trust principal, or current funds .				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
¥.	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Z	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.

Form **990** (2013)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		61,3	66,3	360.
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,1	37,5	559.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,2	28,8	301.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	17,5	78,1	.00
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6			24,0	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		5,5	13,3	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		-8,8	11,9	951.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: CashX 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?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	_		0-	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent accou			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
_	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in	3a		Х
	the Single Audit Act and OMB Circular A-133?		41	эa		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		tne	3b		
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such ad	uilo.		่วม		

Form **990** (2013)

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.

2013

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

ww.irs.gov/form990. Inspection
Employer identification number

ANTI	-D	EFAMATION LEAG	GUE							13	-1818723	
Part		Reason for Publ	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions).	
The o	rga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1 _		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	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										
• -	\neg	section 170(b)(1)(A							• > / >			
6			-	or governmental unit des						:		L I: -
7	X	=	-	es a substantial part of it	s supp	ort irc	om a go	vernme	entai un	iit or ire	om the general pu	DIIC
۰ ۲		described in sectio		on 170(b)(1)(A)(vi). (Com	nloto E	Part II \						
8	_			es: (1) more than 331/3%	-			contrib	outions	memb	ershin fees, and ar	220
J		_	=	exempt functions - subj								
		•		ome and unrelated busing			-					
				ne 30, 1975. See section				•		•	147, 110111 24011100	
10				ted exclusively to test for					,).		
11			•	rated exclusively for the	•	-				-	, or to carry out	the
_		-	-	ipported organizations de			-				-	
		509(a)(3). Check th	ne bo <u>x th</u> at describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e thro	ugh 11h.	
_		a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d	Type II	I-Non-fu	unctionally integrate	bŧ
e		-	-	e organization is not con			-	-	-			
			-	other than one or more p	publicl	y supp	orted o	rganiza	itions d	lescribe	d in section 509(a)(1)
_		or section 509(a)(2	•							_		
f				n determination from the						or Typ	e III supporting	\neg
~		Organization, check	this box	nization accepted any gift		otributi	on from		tho			
g		following persons?	ooo, nas me organ	inzation accepted any gin	OI COI	itiibuti	on non	i ally Ui	uie			
			directly or indirec	tly controls, either alone	or toge	ether v	with ne	rsons d	escribe	d in (ii)	and Yes	No
				the supported organization								
				oribadia (i) abayan							11g(ii)	—
				on described in (i) or (ii) a							11g(iii)	
h		• •		ut the supported organiza								_
		ame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the		ou notify		s the	(vii) Amount of monet	ary
		organization		(described on lines 1-9 above or IRC section	col. (i)	zation in listed in		anization) of your		zation in rganized	support	
				(see instructions))	docui	overning ment?	sup	ort?	in the	Ŭ.S.?		
					Yes	No	Yes	No	Yes	No		
(A)												
(B)												
(C)												
(D)												—
(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

Schedule A (Form 990 or 990-EZ) 2013

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	52,095,346.	50,811,899.	49,635,631.	49,273,104.	58,408,908.	260,224,888.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	52,095,346.	50,811,899.	49,635,631.	49,273,104.	58,408,908.	260,224,888.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						3,016,726.
6	Public support. Subtract line 5 from line 4.						257,208,162.
	tion B. Total Support	(a) 2009	(b) 2010	(a) 2011	(4) 2012	(a) 2012	(f) Total
_	ndar year (or fiscal year beginning in)	` '	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,095,346. 13,439.	50,811,899.	49,635,631. 14,487.	49,273,104. 7,746.	58,408,908. 5,870.	260,224,888. 48,075.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	6,848,068.	7,492,416.	7,434,415.	8,365,554.	8,909,364.	39,049,817.
11	Total support. Add lines 7 through 10						299,322,780.
12	Gross receipts from related activities, etc. (s	see instructions)				12	5,873,868.
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2013 (li		•			14	85.93%
15	Public support percentage from 2012					15	86.85%
16a	331/3% support test - 2013. If the o	-					
	this box and stop here . The organization	•		•			
b	331/3% support test - 2012. If the c	-					
	check this box and stop here. The organization	•					
1/a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
L	Part IV how the organization meets to organization						▶□
D	15 is 10% or more, and if the organization in Part IV how the organization	anization meets	the "facts-and	l-circumstances	" test, check tl	his box and st	op here.
18	supported organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	▶□
	instructions						<u></u> ▶∟

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .	<u> </u>	<u></u> .	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2012 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2013 (lin					17	%
18	Investment income percentage from 2012 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2013. If the org					e than 331/3 %, a	and line
	17 is not more than 331/3%, check thi	s box and stor	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2012. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instru	uctions >

Schedule A (Form 990 or 990-EZ) 2013

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

SCHEDULE A, PART II - O	THER INCOME	2			ATTACHMENT 1	
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.
——————————————————————————————————————	6 848 068	7 492 416	7 434 415	8 365 554	8 909 364	39 049 817

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

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

Employer identification number

ANTI-DEFAMATION LE.	AGUE		13-1818723				
Organization type (check o	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as	a private fou	ndation				
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a pr	ivate foundat	ion				
	501(c)(3) taxable private foundation						
General Rule)(7), (8), or (10) organization can check boxes for both the General						
_	on filing Form 990, 990-EZ, or 990-PF that received, during the years one contributor. Complete Parts I and II.	ear, \$5,000 d	or more (in money or				
Special Rules							
under sections 50	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/309(a)(1) and 170(b)(1)(A)(vi) and received from any one contribut \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h and II.	or, during the	e year, a contribution of				
during the year, t	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recotal contributions of more than \$1,000 for use <i>exclusively</i> for religurposes, or the prevention of cruelty to children or animals. Complete	ious, charita	ble, scientific, literary,				
during the year, of not total to more year for an <i>exclus</i> applies to this org	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization th	nat is not covered by the General Rule and/or the Special Rules do	oes not file So	chedule 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).

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

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

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number 13-1818723

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$ <u>14,114,536.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$7,563,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$2,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ \$	Person Payroll Noncash (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 need	led.
--	------

(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	d the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

	ontributions of \$1,000 or less for the se duplicate copies of Part III if addition		n once. See instructions.) ▶	·\$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		of how gift is held				
				·				
		(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to	transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
				·				
	(e) Transfer of gift							
	Transferee's name, address, and	d 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, an	d ZIP + 4	Relationship of transferor to	transferee				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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-E2

s described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

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.

See separate instructions.

- 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) org	anizations: Complete Part III.	,	, ,	
Name	e of organization			Employer identi	fication number
ANT	'I-DEFAMATION LEAGUE			13-18:	18723
Par	rt I-A Complete if the c	organization is exempt under	section 501(c) or i	s a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	tivities in Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
	Onwellete With a				
	-	organization is exempt under s		- .	
1		cise tax incurred by the organization is tax incurred by organization m			
2		a section 4955 tax, did it file Form			
	=		•		
	If "Yes," describe in Part IV.				L les L NO
$\overline{}$		organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	-	expended by the filing organization			•
2		ng organization's funds contributed			
	527 exempt function activiti	es		▶\$	
3		enditures. Add lines 1 and 2. En			
_					
4		e Form 1120-POL for this year?			
5		and employer identification numb s. For each organization listed, en			
		tributions received that were prom			
		nd or a political action committee (F			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)		<u> </u>			
(5)					
(5)					
(6)					
. ,					

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

Schedule C (Form 990 or 990-EZ) 2013

Scrie	dule C (Follii 990 01 990-EZ) 2013		TI WINK I I C	IN LEAGUE		10 1	.010/23 Fage 2
Pa	rt II-A Complete if the org section 501(h)).	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	
Α				o an affiliated grou I share of excess I		rt IV each affiliated g itures).	roup member's
В	Check ▶ if the filing orgai	nization	checked l	oox A and "limited	control" provision	ons apply.	
			ying Expend			(a) Filing	(b) Affiliated
	(The term "expenditu	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1 a	Total lobbying expenditures to	influenc	e public op	inion (grass roots lo	bbying)		
b	Total lobbying expenditures to	influenc	e a legislati	ive body (direct lobb	ying)		
С	Total lobbying expenditures (a	dd lines	1a and 1b)				
d	Other exempt purpose expend	ditures .					
е	Total exempt purpose expend						
f	Lobbying nontaxable amount	. Enter t	the amount	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbying	g 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 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
g	Grassroots nontaxable amour	nt (enter	25% of line	1f)			
h	Subtract line 1g from line 1a.	lf zero or	less, enter	-0			
i	Subtract line 1f from line 1c. If	f zero or	less, enter -	0			
j	If there is an amount other	than zer	o on either	line 1h or line 1i,	did the organiz	ation file Form 4720	
	reporting section 4911 tax for	this yea	r?				Yes No
		_	1.Voar Aver	aging Period Unde	Section 501(h)		
	(Some organizati			-	` '	complete all of the fi	VA
	,			instructions for lin		•	,
		Lobb	ying Exper	nditures During 4-Y	ear Averaging Pe	riod	
	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))						
	Total lobbying expenditures						
d	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2013

_	dule C (Form 990 or 990-EZ) 2013					Page 3
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			ı		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	cription of the lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
b	•	X				
С.	Media advertisements?		X			
d	Mailings to members, legislators, or the public?	X				,637
e f	Publications, or published or broadcast statements?	X	X			,936
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	X	Λ		/112	,485
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				,340
i		21	Х			, 510
j	Other activities? Total. Add lines 1c through 1i				531	,398
, 2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			7000
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).					
				_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	_	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				0 2 ic	
	answered "Yes."	OK (о) га	.i t iii-74, iiii	C J, 13	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou			•		
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	ne			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng			
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	Supplemental Information					
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated II-B, line 1. Also, complete this part for any additional information.	group	iist); F	art II-A, line) 2; and	1
ган	il-b, line 1. Also, complete this part for any additional information.					
그	E PAGE 4					
, iii						

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013

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 ► Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990.

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

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

	or the organization	Employer identification number
	'I-DEFAMATION LEAGUE	13-1818723
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	counts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in c	lonor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	s can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any of	other purpose
	conferring impermissible private benefit?	Yes No
Par	Conservation Easements. Complete if the organization answered "Yes" to Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ted by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
Dor	organization's accounting for conservation easements.	Similar Assats
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Sillillar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educations are similar assets.	evenue statement and balance shee
	works of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the footnote to its financial statements.	ation, or research in furtherance o ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
	works of art, historical treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance o
	public service, provide the following amounts relating to these items:	> 0
	(i) Revenues included in Form 990, Part VIII, line 1	\$
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	
Ŋ	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2**

Par	t III Organizations Maintainin	g Collections of	Art, His	torical T	reasur	es, o	r Oth	er Similar As	sets	(conti	nue	ed)
3	Using the organization's acquisition collection items (check all that apply	n, accession, and o	ther reco	rds, check	c any of	f the	followi	ng that are a s	significa	ant us	se o	f its
а	Public exhibition		d [Loan	or excha	ande p	rogran	าร				
b	Scholarly research		e	Other								
C												
4	Provide a description of the organ		and expl	ain how t	hev fur	ther t	he ora	anization's exer	nat pu	ırpose	in	Part
	XIII.				, ,		3		1 - 1 -			
5	During the year, did the organizatio	n solicit or receive d	onations of	of art, histo	orical tre	easure	es, or o	ther similar				
	assets to be sold to raise funds rath									Yes		No
Par	t IV Escrow and Custodial Ari									art IV	, lin	ne 9,
	or reported an amount on			ŭ					,		•	•
1a	Is the organization an agent, trustee	e, custodian or other	intermed	iary for co	ntributio	ons or	other	assets not				
	included on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the fol	lowing tab	le:							•
								Amoun	t			
С	Beginning balance				[1c						
d	Additions during the year				[1d						
е	Distributions during the year				[1e						
f	Ending balance				[1f						
2a	Did the organization include an amo	ount on Form 990, F	art X, line	21?						Yes		No
b	If "Yes," explain the arrangement in	Part XIII. Check her	e if the ex	planation	has bee	en pro	vided ii	n Part XIII				
Par	t V Endowment Funds. Comp	olete if the organiz	zation an	swered "	Yes" to	Form	า 990,	Part IV, line 10	0.			
		(a) Current year	(b) Pri	or year	(c) Two	o years	back	(d) Three years bad	ck (e)	Four y	ears b	oack
	Beginning of year balance	88,933,756.	82,61	5,358.	80,5	582,	791.	73,656,629	9. 6	58,39	91,	733.
b	Contributions	3,394,086.	4,00	4,202.	5,2	249,3	110.	4,205,725	5.	2,0	79,	525.
С	Net investment earnings, gains,											
	and losses	9,426,721.	3,99	4,115.	-1,3	358,9	945.	4,555,975	7.	6,2	49,	907.
d	Grants or scholarships	12,900.	1	9,500.		26,	550.	30,900	0.		50,	000.
е	Other expenditures for facilities											
	and programs	4,624,745.	1,66	0,419.	1,8	331,0	048.	1,804,640).	3,0	14,	536.
f	Administrative expenses											
g	End of year balance	97,116,918.	88,93	3,756.	82,6	515,3	358.	80,582,791	1. 7	73,6	56,	629.
2	Provide the estimated percentage of	of the current year e	nd balanc	e (line 1g,	column	(a)) h	eld as:					
а	Board designated or quasi-endowm		%									
b	Permanent endowment ► 72.0	000 %	_									
С	Temporarily restricted endowment											
	The percentages in lines 2a, 2b, and											
3a	Are there endowment funds not in t	he possession of th	ie organiz	ation that	are held	d and	admini	stered for the				
	organization by:									Y	es	No
	(i) unrelated organizations								. 3	a(i)	Χ	
	(ii) related organizations								. 3a	a(ii)	Χ	
b	If "Yes" to 3a(ii), are the related orga		•						. [3	3b 2	Χ	
4	Describe in Part XIII the intended us											
Par	Land, Buildings, and Equi Complete if the organizat	pment.	o" to Forr	~ 000 D	ort IV/ li	ina 1	10 00	o Form 000 D	ort V	lina 1	Λ	
	Description of property	(a) Cost or		(b) Cost o				umulated		ok valu		
		(invest			ther)	0.0		ciation	(4) 50	OK Vala		
	Land											
	Buildings											
	Leasehold improvements				92,94			10,472.	7	7,98	2,4	71.
d	Equipment			7,0	08,74	7.	6,61	13,306.		39.	5,4	41.
	Other											
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, columr	n (B), lin	e 10(c	;).).	▶	8	3,37	7,9	12.

Schedule D (F	Form 990) 2013			Page \$
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 valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (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 valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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) SECUE	RITY DEPOSITS			81,465
(2) DUE E	FROM ADL FOUNDATION			4,733,467
(3) OTHER	R ADVANCES AND ACCTS REC			31,506
(4) REAL	ESTATE			250,000
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		5,096,438
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" to Form 990,	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value	e	
(1) Feder	al income taxes			
_(2) LONG	TERM PENSION OBLIGATION	20,905,5	530.	
(3) DEFER	RRED RENT	7,662,0	031.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	on (b) must equal Form 990. Part X. col. (B) line 25.)	▶ 28.567.5	561	

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^{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

Schedule D (Form 990) 2013 Page **4**

	6 B (1 0111 330) 2013		
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.	n.	
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
a b	Net unrealized gains on investments Donated services and use of facilities 2a 2b	-	
C	Recoveries of prior year grants 2c	-	
d	Recoveries of prior year grants Other (Describe in Part XIII.) 2c 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5	ine 4: Part X line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 art V, I	ne 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ne 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ne 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line

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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

▶ 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. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization				Employer identifica	ation number
ANTI-DEFAMATION LEAGUE				13-1818723	3
General Information Form 990, Part IV, line 1		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on
1 For grantmakers. Does the organsistance, the grantees' eligibil grants or assistance?	ity for the grant	ts or assistanc	e, and the selection criteri	•	Yes No
2 For grantmakers. Describe in assistance outside the United St		ganization's p	rocedures for monitoring	the use of its grants a	and other
3 Activities per Region. (The follow	wing Part I, line	3 table can be	e duplicated if additional sp	pace 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)					
<u>(11)</u>					
<u>(12)</u>					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-totalb Total from continuation	2.	8.			956,000.

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

sheets to Part I c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2013

956,000.

ANTI-DEFAMATION LEAGUE 13-1818723

Schedule F (Form 990) 2013

Part II	Grants and Other Assista							d "Yes" on F	orm 990,
	Part IV, line 15, for any re	cipient who receiv	ed more than \$5,000. F	art II can be					(i) Method of
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	valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipient orga he IRS, or for which the grantee								
3 Ent	er total number of other organiz	ations or entities					>		

Schedule F (Form 990) 2013

ANTI-DEFAMATION LEAGUE 13-1818723

Schedule F (Form 990) 2013

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)							
<u>(12)</u>							
<u>(</u> 13)							
<u>(14)</u>							
<u>(</u> 15)							
<u>(</u> 16)							
(17)							
<u>(</u> 18)							

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Part IV Foreign Forms

ган	i oreign romis				
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)	X	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	X	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)	X	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	X	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	X	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	X	No

Schedule F (Form 990) 2013

ANTI-DEFAMATION LEAGUE 13-1818723

 Schedule F (Form 990) 2013
 Page 5

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)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ANTI-DEFAMATION LEAGUE

13-1818723

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

Form 990-EZ filers are r	not required to comp	olete this p	oart.			
1 Indicate whether the organization	raised funds through	any of the	following	activities. Check a	all that apply.	
a X Mail solicitations	е	X Solid	citation of	non-government g	rants	
b X Internet and email solicitation	ns f			government grants		
c X Phone solicitations g X Special fundraising events						
d X In-person solicitations	9		0.0	.og everne		
 Did the organization have a writtee or key employees listed in Form 9 b If "Yes," list the ten highest paid compensated at least \$5,000 by the second of the second of	990, Part VII) or entity individuals or entities	in connec	ction with p	orofessional fundra	ising services?	X Yes No fundraiser is to be
	no organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(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	DONOR					
TELEFUND, INC.	TELEMARKET		X	47,153.	48,972.	
2	DONOR					
SD&A TELESERVICES, INC.	TELEMARKET		X	48,737.	51,369.	
3	EVENT					
KAREN DAITCH	MANAGEMENT		X	218,470.	5,622.	212,848.
4	EVENT					
KAREN NOCHIMOWSKI	PLANNING		X	678,146.	20,895.	657,251.
5	EVENT				,	,
EMPOWER EVENTS	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 organ registration or licensing.	nization is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from
AL, AK, AZ, AR, CA, CO, CT, DE, DC,	FL.GA.HI.ID.IL.	.IN.				
IA, KS, KY, LA, ME, MD, MA, MI, MN,			NM, NY, NC	C, ND, OH,		
OK,OR,PA,RI,SC,SD,TN,TX,VT,			, ,	- / / /		
	,,,	<u> </u>				

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

Schedule G (Form 990 or 990-EZ) 2013

Page 2

Schedule G (F	orm 990 or 990-EZ) 2013
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.

		grood roddipto groater than we,or	00.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			LA GALA	ENT. DINNER	81.	(add col. (a) through col. (c))				
4			(event type)	(event type)	(total number)	COI. (C))				
nue										
Revenue	1	Gross receipts	1,344,287.	1,102,850.	18,358,446.	20,805,583.				
ď										
		Less: Contributions	905,577.	889,100.	10,106,848.	11,901,525.				
	3	Gross income (line 1 minus	420 710	212 750	0 051 500	0 004 050				
_		line 2)	438,710.	213,750.	8,251,598.	8,904,058				
	4	Cash prizes								
	7	Cash ph2cs								
	5	Noncash prizes								
	•									
ses	6	Rent/facility costs			72,731.	72,731				
Sen		,								
Expenses	7	Food and beverages	134,935.	72,814.	2,991,561.	3,199,310.				
Direct										
Ξ	8	Entertainment		2,298.	343,789.	346,087				
	9	Other direct expenses	151,747.	129,075.	2,833,074.	3,113,896				
						6 530 004				
	10	Direct expense summary. Add lines 4	through 9 in column (d))		6,732,024				
		Net income summary. Subtract line 1				2,172,034				
Pa	ונו	Gaming. Complete if the orgathan \$15,000 on Form 990-E		res to Form 990, Par	t iv, line 19, or repo	rtea more				
_			,	(b) Dull take for stant		(d) Total gaming (add				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
e e										
Ř	1	Gross revenue								
es	2	Cash prizes								
ens										
Direct Expenses	3	Noncash prizes								
ct E		D . //								
)ire	4	Rent/facility costs								
_	_	Other direct eveness								
		Other direct expenses	Yes %	N 0/						
	6	Volunteer labor	Yes%	Yes%	Yes%					
	Ū		NO	NO	NO					
	7	Direct expense summary. Add lines 2	through 5 in column (d))	•					
		,	,							
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)						
9		nter the state(s) in which the organizat the organization licensed to operate g								
		Yes No								
k) If	"No," explain:								
	_									
10 -	<u> </u>	Vere any of the organization's gaming I	icenses revoked suspe	anded or terminated duri	ng the tax year?	Yes No				
		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain:								
•	••									
	_									

ANTI-DEFAMATION LEAGUE

Schedu	ule G (Form 990 or 990-EZ) 2013	Page 3
11 12	Does the organization operate gaming activities with nonmembers?	No
13	formed to administer charitable gaming?	No
	The organization's facility	%
	An outside facility	
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?	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 ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ►\$	
	Description of services provided ▶	
	Director/officer	
17	Mandatory distributions:	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations	No
Part	or spent in the organization's own exempt activities during the tax year ▶ \$ **EIV 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	T I LINE 2B COLUMN (V)	_
THE	AGREEMENTS FOR THE LISTED FUNDRAISING CONSULTANTS NOTE THE MONTHLY	
RETA	AINER AMOUNT FOR FUNDRAISING SERVICES. ALL OTHER PAYMENTS MADE TO THE	
PROF	FESSIONAL FUNDRAISERS ARE REIMBURSEMENTS FOR OTHER EXPENSES INCURRED.	
SUCH	H EXPENSES ARE ONLY REIMBURSED BY ADL SUBSEQUENT TO PROPER	
SUBS	STANTIATION AND AUTHORIZATION. THE AMOUNT REPORTED IN COLUMN (V) IS	
THE	GROSS AMOUNT PAID TO THE PROFESSIONAL FUNDRAISERS.	

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

ANTI-DEFAMATION LEAGUE							13-1818723	
Part I General Information on Grants and	d Assistance)						
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistance	e?					X Yes No	
Part II Grants and Other Assistance to C Part IV, line 21, for any recipient the	Governments nat received	s and Organiz more than \$5,	ations in the Uni 000. Part II can b	ted States. Com e duplicated if a	plete if the organiz dditional space is n	ation answered "Y eeded.	es" to Form 990,	
(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)								
(10)								
(11)								
(12)								
 Enter total number of section 501(c)(3) and Enter total number of other organizations list For Paperwork Reduction Act Notice, see the In 	ted in the line	1 table	ted in the line 1 tab	le		<u></u>	ule I (Form 990) (2013)	

JSA

ANTI-DEFAMATION LEAGUE 13-1818723

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
4					
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.			
- DODINI TOURDATION TRIBE	3.	3,000.			
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.

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.

(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
3.	1,500.			
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance FMV, appraisal, other)

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

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					
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.

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.
<u> </u>	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.

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
2					
3					
1					
j					
3					
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.

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

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)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	X	
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		v	
	1a?	2	X	
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.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:	_		
а	The organization?	5a		X
b	Any related organization?	5b		X
6	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: The organization?	6a		Х
a b	~	6b		X
D	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	UD		
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	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

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.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
ABRAHAM H FOXMAN	(i)	306,575.	C	36,975.	3,188.	26,731.	373,469.	0
1 NATIONAL DIRECTOR (SCHJ,PTIII)	(ii)	306,575.	(36,975.	3,188.	26,731.	373,469.	0
CLIFFORD SCHECHTER(9/13	(i)	191,814.	C	984.	4,675.	24,038.	221,511.	0
2 CHIEF OPERATING OFFICER	(ii)	69,750.	C	358.	1,700.	8,741.	80,549.	0
MICHAEL A KELLMAN	(i)	150,615.	C	4,071.	3,825.	19,667.	178,178.	0
3 CHIEF FINANCIAL OFFICER	(ii)	100,410.	C	2,714.	2,550.	13,112.	118,786.	0
KENNETH JACOBSON	(i)	234,381.	C	6,427.	5,889.	12,649.	259,346.	0
4 DEPUTY NATIONAL DIRECTOR	(ii)	0	C	0	0	0	0	0
IRA R WOLFSON	(i)	210,030.	(4,522.	5,376.	15,149.	235,077.	0
5 ASSOC. NAT. DIR. OF REG. OPER.	(ii)	0	C	0	0	0	0	0
DAVID S WAREN	(i)	201,664.	C	717.	5,236.	32,779.	240,396.	0
6 DIRECTOR OF EDUCATION	(ii)	0	C	0	0	0	0	0
DEBORAH G LAUTER	(i)	191,101.	C	2,341.	4,909.	30,279.	228,630.	0
7 DIRECTOR OF CIVIL RIGHTS	(ii)	0	C	0	0	0	0	0
STEVEN C SHEINBERG	(i)	74,487.	C	4,580.	1,915.	12,936.	93,918.	0
8 GENERAL COUNSEL	(ii)	74,487.	C	4,580.	1,915.	12,936.	93,918.	0
AMANDA F SUSSKIND	(i)	215,105.	2,000.	1,341.	5,482.	13,649.	237,577.	0
9 LA REGIONAL DIRECTOR	(ii)	0	C	0	0	0	0	0
MICHAEL A SALBERG	(i)	195,899.	C	11,832.	5,156.	32,779.	245,666.	0
10 DIR. OF INTERNATIONAL AFFAIRS	(ii)	0	C	0	0	0	0	0
LONNIE J NASATIR	(i)	203,496.	3,500.	312.	5,321.	30,879.	243,508.	0
11 CHICAGO REGIONAL DIRECTOR	(ii)	0	C	0	0	0	0	0
LINDA S ZISK(RES 10/14)	(i)	101,042.	C	359.	2,667.	18,139.	122,207.	0
12 DIR. OF NAT'L MAJOR GIFTS	(ii)	101,042.	C	359.	2,667.	18,139.	122,207.	0
SAMUEL V MEMBERG	(i)	147,217.	C	4,820.	3,779.	22,709.	178,525.	0
13 CHIEF INFORMATION OFFICER	(ii)	49,072.	C	1,607.	1,260.	7,570.	59,509.	0
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)						·	edule .l (Form 990) 2013

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part | 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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part | 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

Transactions With Interested Persons

(Form 990 or 990-EZ) ▶ 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.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization ANTI-DEFAMATION LEAGUE 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. (b) Relationship between disqualified person (d) Corrected 1 (a) Name of disqualified person (c) Description of transaction and organization 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 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. (i) Written (a) Name of interested person (b) Relationship (e) Original (f) Balance due (g) In default? (h) Approved (c) Purpose of (d) Loan to or principal amount with organization loan from the by board or agreement? organization? committee? ATTACHMENT 1 То From Yes No Yes No Yes No (1) (2) (3)(4) (5)(6)(7) (8)(9)(10)11,864. Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (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

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		Х
(2) GROSSMAN MARKETING GROUP	SEE PART V	172,018.	PAYMENT FOR MARKETING SERVICES		Х
_(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.

Schedule L (Form 990 or 990-EZ) 2013

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	organi	aring of ization's nues?
				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

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

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

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

ANTI-DEFAMATION LEAGUE 13-1818723 **Types of Property** (c) (b) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods...... 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Χ 152. 1,710,138. MEAN, DATE OF CONTR. Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ►(EVENT_RELATED__) 361. 1,027,825. DONOR PROVIDED VALUE 25 26 Other ►(_____) Other ►(_____ 27 28 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 Yes Nο 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? 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Χ **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2013)

describe in Part II.

Schedule M (Form 990) (2013) Page **2**

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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

Employer identification number 13-1818723

ANTI-DEFAMATION LEAGUE

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

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.

13-1818723

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

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

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

Schedule O (Form 990 or 990-EZ) 2013 Page 2

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

Employer identification number 13-1818723

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 3

FORM 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

Schedule O (Form 990 or 990-EZ) 2013 Page 2

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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.

PARTICPATES IN EDUCATIONAL AND ACTION PROGRAMS IN INTERFAITH EFFORTS. ORGANIZES TRAINING PROGRAMS AND CURRICULUM DEVELOPMENT FOR SEMINARS AND RELIGIOUS-ORIENTED EDUCATIONAL INSTITUTIONS.

ATTACHMENT 4

FORM 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 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

Schedule O (Form 990 or 990-EZ) 2013 Page **2**

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

ATTACHMENT 4 (CONT'D)

RESOURCES FOR EDUCATORS.

ATTACHMENT 5

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

AUSTRIA

ISRAEL

ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

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

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

 ${\tt MN}$, ${\tt MS}$, ${\tt MO}$, ${\tt NH}$, ${\tt NJ}$, ${\tt NM}$, ${\tt NY}$, ${\tt NC}$, ${\tt ND}$, ${\tt OH}$, ${\tt OK}$, ${\tt OR}$, ${\tt PA}$,

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

ATTACHMENT 7

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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.

Schedule O (Form 990 or 990-EZ) 2013

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization
ANTI-DEFAMATION LEAGUE

13-1818723
ATTACHMENT 7 (CONT'D)

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

CHARLESTON, SC 29492

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

CONVIO INC. WEB SERVICES
2000 DANIEL ISLAND DRIVE

260,089.

(c) Legal domicile (state

Total income

Name, address, and EIN (if applicable) of disregarded entity

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

► See separate instructions.

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

Primary activity

OMB No. 1545-0047
2013
Open to Public Inspection

Direct controlling

(e) End-of-year assets

Name of the organization
ANTI-DEFAMATION LEAGUE

Employer identification number
13-1818723

			or foreign country)			ent	ity
_(1)							
(2)							
(3)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	Complete if the	organization answe	red "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
(a)	(b)	(c)	(d)	(e)	(f)	Section ((g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	cont	trolled tity?
Name, address, and EIN of related organization	Primary activity	, ,	Exempt Code section			cont	trolled
	Primary activity	, ,	Exempt Code section			cont	trolled tity?
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 605 THIRD AVENUE NEW YORK, NY 10158	Primary activity SUPPORT ADL	or foreign country)	Exempt Code section 501 (C) (3)			cont	trolled tity?
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 605 THIRD AVENUE NEW YORK, NY 10158 (2) ADLF COMMON FUND 13-3095748		or foreign country) NY	501(C)(3)		entity	Yes	trolled tity?
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 605 THIRD AVENUE NEW YORK, NY 10158 (2) ADLF COMMON FUND 13-3095748	SUPPORT ADL	or foreign country) NY		(if section 501(c)(3))	entity ADL	Yes X	trolled tity?
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 605 THIRD AVENUE NEW YORK, NY 10158 (2) ADLF COMMON FUND 13-3095748 605 THIRD AVENUE NEW YORK, NY 10158	SUPPORT ADL	or foreign country) NY	501(C)(3)	(if section 501(c)(3))	entity ADL	Yes X	trolled tity?
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 605 THIRD AVENUE NEW YORK, NY 10158 (2) ADLF COMMON FUND 13-3095748 605 THIRD AVENUE NEW YORK, NY 10158 (3)	SUPPORT ADL	or foreign country) NY	501(C)(3)	(if section 501(c)(3))	entity ADL	Yes X	trolled tity?
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 605 THIRD AVENUE NEW YORK, NY 10158 (2) ADLF COMMON FUND 13-3095748 605 THIRD AVENUE NEW YORK, NY 10158 (3)	SUPPORT ADL	or foreign country) NY	501(C)(3)	(if section 501(c)(3))	entity ADL	Yes X	trolled tity?

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Part II	because it had one or r						swered res (ים ווכ	OIIII	990, Pait IV, II	ine s	4	
	(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	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	aging	(k) Percentage ownership
			oounity)		,			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)	(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	Sec 512(b contr enti	o)(13) olled
							Yes	No
_(1)								
(2)								
(3)								_
(4)								
(5)								
(6)								
(7)								_

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(b)

Part V

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

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Not	e. 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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b		1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d	Х	
е		1e	Х	
f	Dividends from related organization(s)	1f		Х
q		1g		X
h		1h		X
i	Exchange of assets with related organization(s)	1i		X
i		1i		X
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
1		11	Х	
m		-	Х	
n		1n	х	
0		10	Х	
•	onaling of paid omprojess man related organization(e)			
р	Reimbursement paid to related organization(s) for expenses	1 n		Х
		1g	Х	
ч	Trainibal de marie de la constant de	•		
r	Other transfer of cash or property to related organization(s)	1r		Х
		1s		
<u>ູ</u>	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 thresh			

	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)	ANTI-DEFAMATION LEAGUE FOUNDATION	С	14,114,536.	ACTUAL

D 4,000,000. ACTUAL ANTI-DEFAMATION LEAGUE FOUNDATION Ε 4,000,000. ANTI-DEFAMATION LEAGUE FOUNDATION ACTUAL

K ACTUAL ANTI-DEFAMATION LEAGUE FOUNDATION 275,187.

L ANTI-DEFAMATION LEAGUE FOUNDATION UNDETERMINABLE ANTI-DEFAMATION LEAGUE FOUNDATION Μ UNDETERMINABLE

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(d)

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Sched	ule R (Form 990) 2013				Page 3
Pa	Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.		
Not	e. 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 re-				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	1
b	Gift, grant, or capital contribution to related organization(s)			1k)
С	Gift, grant, or capital contribution from related organization(s)			10	
d	Loans or loan guarantees to or for related organization(s)			1c	<u> </u>
е	Loans or loan guarantees by related organization(s).			1e	
f	Dividends from related organization(s)			1f	
g	Sale of assets to related organization(s)			1 <u>_</u> 1 <u>c</u>	
h	Purchase of assets from related organization(s)			<u> </u> 1h	
i	Exchange of assets with related organization(s)			<u> 1</u> i	
j	Lease of facilities, equipment, or other assets to related organization(s)			<mark>. 1</mark> j	
k	Lease of facilities, equipment, or other assets from related organization(s)			116	
Ī	Performance of services or membership or fundraising solicitations for related organization(s)			11	-
m	Performance of services or membership or fundraising solicitations by related organization(s)			1n	n
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	1
0	Sharing of paid employees with related organization(s)			10	<u> </u>
р	Reimbursement paid to related organization(s) for expenses			<u>1</u> p)
q	Reimbursement paid by related organization(s) for expenses			1c	1
r	Other transfer of cash or property to related organization(s)			<u>1r</u>	
<u>s</u>	Other transfer of cash or property from related organization(s)				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including cove	red relationships and transa (c)	ction threshole (d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method of de amount ir	etermining
<u>(1)</u>	ANTI-DEFAMATION LEAGUE FOUNDATION	N	447,889.	ACTUAL	
<u>(2)</u>	ANTI-DEFAMATION LEAGUE FOUNDATION	0	4,089,320.	ACTUAL	
<u>(3)</u>	ANTI-DEFAMATION LEAGUE FOUNDATION	Q	1,311,761.	ACTUAL	
<u>(4)</u>					

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(5)

(6)

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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	Are all sec 501	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
				section 512-514)	Yes				Yes	No	(1011111000)	Yes	No	
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
<u>(6)</u>														
<u>(7)</u>														
(8)														
(9)														
(10)														
<u>(11)</u>														
(12)														
<u>(13)</u>														
<u>(14)</u>														
<u>(15)</u>														
<u>(16)</u>														
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Supplemental Information Part VII

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