Form 99

Return of Organization Exempt From Income Tax

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

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

5 Open to Public Inspection

6

OMB No. 1545-0047

		the Treasury		ation about Form 990 and its						Inspection
		ue Service 2015 caler	Idar year, or tax yea			5, and ending				, 20
			e of organization	<u> </u>				Employer id	entific	ation number
Bct	eck if appl	leables	TI-DEFAMATION I	LEAGUE						
	Address	5 Doing	Business As					13-1818	3723	
-	Name c	Num	per and street (or P.O. box	If mail is not delivered to street addre	ess)	Room/sulte	E	Telephone n	umber	
	initial re	6	5 THIRD AVENUE					212) 88	5-7	700
	Termina	City	or town, state or province,	country, and ZIP or foreign postal co-	de					·
 	Amende		W YÖRK, NY 1015	58-3560			G	Gross receip	ts \$	64,939,763.
\vdash	return Applica	tion F Nam	e and address of principal		EENBLATT		H(a	a) is this a gro subordinates		n for Yes X No
	_ pending		C/O ADL-605 5	THIRD AVE, NEW YORK	, NY 103	158-3560	на) Are all subord		ciuded? Yes N
	Tax-exe	mpt status:		01(c) () (insert no.)	4947(a)(1			lf "No," atta	ch a list	, (see instructions)
		e: 🕨 WWW.					н(c) Group exem	iption n	umber 🕨
				ust Association Other	•	L Year of	formation	1946 M	State	of legal domicile: DC
	art I	Summary				I				
	1 6			ission or most significant activiti	ies: SEE N	OTE IN SO	CHEDUL	ΕÖ		
-		Brieny deser	be the organization of							
Activities & Governance	-									
STD2	2	Check this b	if the organ	zation discontinued its operation	ons or dispo	sed of more that	n 25% of	its net asse	 ts.	
Š				overning body (Part VI, line 1a)					3	321.
ල නේ				bers of the governing body (Pal					4	317.
S									5	393
viti				ed in calendar year 2015 (Part V					6	3,500.
(cti			r of volunteers (estimate						7a	
٩	l I			m Part VIII, column (C), line 12					7b	
	<u>b</u>	Net unrelate	t business taxable inco	me from Form 990-T, line 34	<u></u>	<u></u>		Prior Year	110	Current Year
					Υ.			1,321,1	07	52,721,951
ą	8	Contribution	and grants (Part VIII, fin	ne 1h)	•• 🔽 🕫	PY FOR				
ent	9	Program ser	vice revenue (Part VIII, li	ne 2g)		INSPECTION		1,051,1		747,475
Revenue	10	Investment i	ncome (Part VIII, colum	n (A), lines 3, 4, and 7d)				-166,4	_	-18,828
ш), lines 5, 6d, 8c, 9c, 10c, and 11				3,089,4	_	3,110,918
	12	Total revenu	e - add lines 8 through	11 (must equal Part VIII, column	n (A), line 12)	• <u>• •</u> • • • • •	5	5,295,2		56,561,516
	13	Grants and s	similar amounts paid (Pa	rt IX, column (A), lines 1-3)				48,5		38,100
	14	Benefits paid	i to or for members (Pa	t IX, column (A), line 4)					0.	
ø	15	Salaries, oth	er compensation, empl	oyee benefits (Part IX, column (A	A), lines 5-10)	3	2,058,0		32,430,600
Expenses	16a	Professional	fundraising fees (Part D	X, column (A), line 11e)				697 , 8	29.	253,474
<u>Ö</u>	b	Total fundra	ising expenses (Part IX,	column (D), line 25) ►	6,165,94	4.				
ŵ	17			, lines 11a-11d, 11f-24e)			1	1,362,1		22,539,039
				ust equal Part IX, column (A), lir				4,166,4		55,261,21
			s expenses. Subtract lir					1,128,8	01.	1,300,303
54				· · · · · · · · · · · · · · · · · · ·			Beginni	ng of Current	t Year	End of Year
Assets or d Balances	20	Total assets	(Part X, line 16)				2	6,423,5	09.	26,194,054
SS	21		es (Part X, line 26)				4	8,100,2	85.	48,425,25
Ef.				act line 21 from line 20			-2	1,676,7	76.	-22,231,203
	art II	Signatu								· · · · · · · · · · · · · · · · · · ·
	der ner	alties of nerlu	ry L declare that L have ex	amined this return, including acco (other than officer) is based on all ir	mpanying sch	edules and state	ments, and	d to the best	of my	knowledge and belief, it
tru	ie, corre	ect, and comple	te. Declaration of preparer	(other than officer) is based on all in	nformation of v	which preparer ha	as any kno	wledge.		
_								11/	14/2	2016
Sig	an	Signat	ure of officer			···		Date	<u> </u>	
	re	1 .		r	CFO					
			AEL A. KELLMAN		010					
	<u>.</u>		reparer's name	Preparer's signature		Date		Chark		PTIN
Pa	id	Fiano Type p	chara suma	i roparer a signaturo			4/2010	5 self-empl		
	eparer						· · · · · · ·		- /	
	e Only	Firm's name	▶ GRANT THOR					firm's EIN 🕨	- 01	2-500-0100
	•	Firm's addre	38 🕨 757 THIRD AVE 4	TH FLOOR NEW YORK, NY 10017	7-2013			hone no.	<u></u>	2-599-0100
Ma	v the l	RS discuss f	his return with the prep	arer shown above? (see instruct	ions)	<u></u>		<u></u>		. X Yes N Form 990 (201

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-1878
Department of the Treasury Internal Revenue Service	For calendar year 2015, or fiscal year beginning, 2015, and ending Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/M		2015
Name of exempt organization		Employer Ident	fication number
ANTI-DEFAMAT	ION LEAGUE	13-181	8723
MICHAEL A. KI	ELLMAN, CFO		
	eturn and Return Information (Whole Dollars Only) return for which you are using this Form 8879-EO and enter the applicable	amount if any fro	m the return If you
check the box on line leave line 1b, 2b, 3b,	ta, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return beli b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you enter w. Do not complete more than 1 line in Part I.	ng filed with this fo	orm was blank, then
1a Form 990 check i 2a Form 990-EZ chec	k here 🕨 📃 b Total revenue, if any (Form 990-EZ, line 9)	2b _	
3a Form 1120-POL c			
4a Form 990-PF cher 5a Form 8868 check			,,
·	on and Signature Authorization of Officer		
organization's 2015 el are true, correct, and organization's electror to send the organizati the transmission. (b) ti authorize the U.S. Tre financial institution act return, and the financi Agent at 1-888-353-41 involved in the proces resolve issues related electronic return and, Officer's PIN: check of X I authorize G on the organiz being filed wit ERO to enter As an officer If have indic	jury, I declare that I am an officer of the above organization and that I have actronic return and accompanying schedules and statements and to the be complete. I further declare that the amount in Part I above is the amount sh it return. I consent to allow my intermediate service provider, transmitter, or on's return to the IRS and to receive from the IRS (a) an acknowledgement o he reason for any delay in processing the return or refund, and (c) the date of asury and its designated Financial Agent to initiate an electronic funds with count indicated in the tax preparation software for payment of the organizat al institution to debit the entry to this account. To revoke a payment, I must for no later than 2 business days prior to the payment (settlement) date. I using of the electronic payment of taxes to receive confidential information n to the payment. I have selected a personal identification number (PIN) as n if applicable, the organization's consent to electronic funds withdrawal. ERO firm name that a state agency(ies) regulating charities as part of the IRS Fed/State prog my PIN on the return's disclosure consent screen. of the organization, I will enter my PIN as my signature on the organization' ated within this return that a copy of the return is being filed with a state age state program, I will enter my PIN on the return's disclosure consent screen.	st of my knowledg iown on the copy of or electronic return if receipt or reasor of any refund. If ap drawal (direct debi- ion's federal taxes t contact the U.S. T also authorize the lecessary to answe my signature for the Enter five numbers, b do not enter all zeros is return that a cop gram, I also authorize 's tax year 2015 el ency(ies) regulatin	e and belief, they the originator (ERO) (for rejection of blicable, I t) entry to the owed on this reasury Financial financial institutions or inquiries and organization's as my signature ut as my signature to of the return is the aforementioned ectronically filed return
enerte atta uta antica di inca	Date	10/4/201	6
	tion and Authentication		······································
ERO's EFIN/PIN. Entenumber (EFIN) follow	r your six-digit electronic filing identification ed by your five-digit self-selected PIN.	do not ente	5 80 Jame
indicated shove. I com	a numeric entry is my PIN, which is my signature on the 2015 electronically firm that I am submitting this return in accordance with the requirements of ized IRS <i>e-file</i> Providers for Business Returns.	filed return for the	organization
ERO's signature 🕨	Date ►	11/14/2016	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested T	o Do So	
For Paperwork Redu	ction Act Notice, see back of form.	· · · ·	Form 8879-EO (2015)
JSA 5E1676 1,000			
12840P 700.	11/2/2016 10:24:51 A V 15-7F		PAGE

Cumulative e-File History 2015							
	Federal						
Locator:	12840P						
Taxpayer Name:	Anti-Defamation League						
Return Type:	990, 990 & 990T (Corp)						
Submitted Date:	11/14/2016 17:47:01						
Acknowledgement Date:	11/14/2016 17:57:29						
Status:	Accepted						
Submission ID:	26377520163195000011						

	AN	I-DEFAMATION LEAGUE	13	-1818723
n 990 (2015)		<u> </u>		Page
art III Statem	ent of Program Ser	vice Accomplishments		_
Check	if Schedule O contai	ns a response or note to any line in this P	art III	
	the organization's m	ission:		
ATTACHME	<u>NT 1</u>			
prior Form 990	or 990-EZ?	significant program services during the		
	e these new services ization cease cond	on Schedule O. ucting, or make significant changes i	n how it conducts, any progr	am
services? If "Yes " describ	e these changes on a	Schedule Ω		Yes X N
Describe the operation of the second	organization's progra tion 501(c)(3) and 5	m service accomplishments for each o 01(c)(4) organizations are required to ny, for each program service reported.		
(Code:) (Expenses \$	21,829,949 including grants of \$	21,400,) (Revenue \$	0.)
ATTACHME				,
<u></u>				
		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		<u>.</u>
	· ·		· · · · · · · · · · · · · · · · · · ·	
				<u>,</u>
(Code:) (Expenses \$	6,015,025. including grants of \$	1,700.) (Revenue \$	747,475.)
ATTACHME	NT 3			
	, ·			
			I.	
(Code:) (Expenses \$	5,244,699, including grants of \$	0.) (Revenue \$	0.)
·		<u> </u>	,(
ATTACHME	NT 4	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
			· · · · · · · · · · · · · · · · · · ·	
				<u></u>
			195 T 1-	
e -				
		(1993)		
	i services (Describe i			
(Expenses \$	10,943,616. incluc	ing grants of \$ 15,000.) (Rev	enue \$	
	service expenses 🕨	44,033,289.		
020 1.000	•			Form 990 (2
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Form 9	9 90 (2015)		۰F	age 3
Part	IV Checklist of Required Schedules		•	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	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			
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
- E	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			·
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		··· .
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	· .	x
- 8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>	· ·	<u> </u>
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	- v	:	<u> </u>
	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	3		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	x	· ·· ·
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			:
Б	complete Schedule D, Part VI	11a	X	
U	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>,X'</u>
C,	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	<u>11c</u>		X
a	Did the organization report an amount for other assets in Part X; line 15 that is 5% or more of its total assets		1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>. X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	<u> </u>	X
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		<u>x</u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	<u> </u>	<u> </u>
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		. :	•
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	:. X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			.
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17:	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u>.</u>
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	· · ·	x

Form 990 (2015)

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Part	Checklist of Required Schedules (continued)	,		
			Yes	No
20 a		20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>20b</u>		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		v .
ь.	through 24d and complete Schedule K. If "No," go to line 25a	24a	:	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	1 11	
L.	to defease any tax-exempt bonds?	24c		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disgualified person during the user? If the second during the user?	25a		x
b .	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	20a		<u></u>
N.	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33 📋	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ł :.
	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,	· .		
	or IV, and Part V, line 1	34	<u> </u>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	<u>X</u>	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		. 	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	. <u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ļ	
	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,	1.	1:	· .
1.	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
<u> </u>	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	1

Form 990 (2015)

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	90 (2015)	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	x
		Yes No
1.9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	Side shirt Links
v	reportable gaming (gambling) winnings to prize winners?	1c X
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
za	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 393	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X
U.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X
		3b
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	
48	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	
		4a X
	account)?	
Q		
• •	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	
F -	(FBAR).	5a X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 A
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a X
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6h
_	gifts were not tax deductible?	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	7a X
	and services provided to the payor?	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7
	required to file Form 8282?	7c X
	If "Yes," indicate the number of Forms 8282 filed during the year	ACCURATE STREET, STREE
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e X 7f X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
n.	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
•	sponsoring organization have excess business holdings at any time during the year?	- 8
9	Sponsoring organizations maintaining donor advised funds.	
	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter:	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	
40-		12a
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a
a	Is the organization licensed to issue qualified health plans in more than one state?	IJG
	Note. See the instructions for additional information the organization must report on Schedule O.	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	
	Enter the amount of reserves on hand	14a X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a : X 14b .
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Form 990 (2015)
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6

Form 9	90 (2015)	ANTI-DEFAMATION LEAGUE	13-1818	723	P	age 6
Part		nance, Management, and Disclosure For each "Yes" response to lines 2 thi				
		se to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	and the second			ions.
		if Schedule O contains a response or note to any line in this Part VI	<u> </u>			X
Sect	<u>ion A. Gover</u>	ning Body and Management				·
	••••	and the second		100000000000000000000000000000000000000	Yes	No
1a	Enter the nun	nber of voting members of the governing body at the end of the tax year	1a 321			
	If there are ma	terial differences in voting rights among members of the governing body, or if the governing				
	body delegated	I broad authority to an executive committee or similar committee, explain in Schedule O.				
b b	Enter the nun	nber of voting members included in line 1a, above, who are independent	1b 317			
2	Did any offic	er, director, trustee, or key employee have a family relationship or a business re	lationship with			
		cer, director, trustee, or key employee?		2	Χ.	· ·
3		nization delegate control over management duties customarily performed by or ur				v
		f officers, directors, or trustees, or key employees to a management company or othe		3		X
4.		ration make any significant changes to its governing documents since the prior Form 990 was fi		4	·	X
5	-	nization become aware during the year of a significant diversion of the organization's a significant diversion of		5 6	-	X
6		nization have members or stockholders?				
7a		nization have members, stockholders, or other persons who had the power to el	••	7a		x
b		members of the governing body?		<u>. 7a</u>		<u> </u>
		or persons other than the governing body?	• /	7b		x
8		nization contemporaneously document the meetings held or written actions und				
v	the year by th		enaken during			C. C. C.
а	• •	g body?		8a	X	Me489496340524
b		tee with authority to act on behalf of the governing body?		8b	Х	
9		officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organizat	ion's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Secti	ion B. Policie	s (This Section B requests information about policies not required by the Int	ernal Revenue	Code)	
					Yes	No
10a	Did the organ	nization have local chapters, branches, or affiliates?		10a	Х	<u></u>
		the organization have written policies and procedures governing the activities of		· ·		· · · · · · · · · · · · · · · · · · ·
	affiliates, and	branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b	X	<u> </u>
11a	Has the organi	zation provided a complete copy of this Form 990 to all members of its governing body before f	iling the form? .	11a	Х	
· b	Describe in S	Schedule O the process, if any, used by the organization to review this Form 990.	· · · ·			
12a		nization have a written conflict of interest policy? If "No," go to line 13		12a	X	<u> </u>
þ	Were officers	s, directors, or trustees, and key employees required to disclose annually interests	that could give			
		ts?	• • • • • • • • •	12b	X	· ·
C		anization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"		v	
		chedule O how this was done		12c		<u> </u>
13		nization have a written whistleblower policy?		13	X X	<u> </u>
14		nization have a written document retention and destruction policy?		14		
15		ess for determining compensation of the following persons include a review an		1.0.2		
-		persons, comparability data, and contemporaneous substantiation of the deliberation		15a	X	
a b		tion's CEO, Executive Director, or top management official		15a	X	†
		e 15a or 15b, describe the process in Schedule O (see instructions).	••••			
16a		inization invest in, contribute assets to, or participate in a joint venture or simila	ar arrannement			
10-	-	e entity during the year?	-	16a		X
b		the organization follow a written policy or procedure requiring the organization				
		in joint venture arrangements under applicable federal tax law, and take steps to				
		s exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclo	sure		<u>. </u>		
17	List the state	s 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, an	d 990-T (Section	501(c)(3)ຄ	s only)
	available for p	public inspection. Indicate how you made these available. Check all that apply.				
	X Own we	ebsite 🔀 Another's website 🔀 Upon request 📃 Other <i>(explain in Sc</i>	hedule O)			
19	Describe in S	Schedule O whether (and if so, how) the organization made its governing documer	its, conflict of int	erest	polic	y, and
		ements available to the public during the tax year.			-	
20	State the nar	ne, address, and telephone number of the person who possesses the organization's A. KELLMAN, CFO C/O ADL - 605 THIRD AVENUE NEW YORK, NY 10158-3560 212-885-770	books and record	s:►		
	MICHAEI	A. KELLMAN, CFO C/O ADL - 605 THIRD AVENUE NEW YORK, NY 10158-3560 212-885-770	<u></u>			<u>.</u>
JSA 5E1042	2 1.000			Form	1990	(2015)

Form 990 (201	5) ANTI-DEFAMATION LEAGUE	13-1818/23	Page 7
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	<u></u> .	

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	(do n box,	ot ch unles	(C Posi neck is pei	C) ition more rson	than o is both or/trust	ne an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
·	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)	compensation from the organization and related organizations
(1)ABRAHAM FOXMAN	20.00		:							
ND U:7/15 ND EMERITUS A:7/15	20.00	x		х				446,748.	446,748.	57,589.
(2) JONATHAN GREENBLATT	20.00							·		
CEO/NAT'L DIRECTOR (AS OF 7/15	20.00	x		х				168,665.	168,665.	39,065.
(3)MARVIN D NATHAN (AS OF 11/15)	20.00									
NATIONAL CHAIR	3.50	x		X				0.	0.	0.
(4)BARRY CURTISS-LUSHER	20.00			-						
NATIONAL CHAIR (UNTIL 11/15)	3.50	X		Х				0.	0.	0.
(5)MILTON S SCHNEIDER	5.00									
TREASURER (AS OF 11/15)	7.50	<u>X</u>	L	X				0.	0.	0.
(6)ROBERT H NAFTALY (UNTIL 11/15)	5.00									
TREASURER	5.50	X		X				0.	0.	0.
(7)ERWIN PEARL	2.00									
ASSISTANT TREASURER	0.	Х		X				0.	0.	0.
(8) THOMAS C HOMBURGER	2.00									
SECRETARY	3.50	X		Х				0.	0.	0.
(9)STANFORD BARATZ	2.00							1		
ASSISTANT SECRETARY	0.	Х		X	<u> </u>		1	0.	0.	<u> </u>
(10)BARBARA B BALSER	2.00									
PAST NATIONAL CHAIR	.50	X						0.	0.	0.
(11)HOWARD P BERKOWITZ	2.00	4								_
PAST NATIONAL CHAIR	1.50	Х				ļ		0.	0.	<u> </u>
(12)KENNETH J BIALKIN	2.00	4								
PAST NATIONAL CHAIR	.50	X	<u> </u>	1				0.	. 0.	0.
(13)BURTON S LEVINSON	2.00	4					1	_	_	
PAST NATIONAL CHAIR	.50		<u> </u>	<u> </u>				0.	. 0.	0.
(14)GLEN'S LEWY	2.00									
PAST NATIONAL CHAIR	5.50	Х			ļ		I	0.	. 0.	0.

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	(A) Name and title	Average Pos hours per (do not check week (list any box, unless pe hours for officer and a d			C) sition k more than one erson is both an director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
		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)	from the organization and related organizations
<u>5)</u>	MELVIN SALBERG	2.00	X	:					· · · · · · · · · · · · · · · · · · ·	0.	
6)	DAVID H STRASSLER PAST NATIONAL CHAIR	2.00 1.50	X						0.	0.	Ö
7)	ROBERT G SUGARMAN PAST NATIONAL CHAIR	2.00	x		•:				0.	0.	C
8)	GLEN A TOBIAS PAST NATIONAL CHAIR	2.00	X						0.		· · · · · · · · · · · · · · · · · · ·
9)	MARTIN L BUDD (AS OF 11/15) VICE CHAIR	5.00	x		x				0.	0.	0
<u>)</u>		2.00	x		X				0.	0.	
1)	ESTA G EPSTEIN (AS OF 11/15) VICE CHAIR	5.00	X	<u> </u>	л Г Х						(
2)	JAMES GROSFELD	2.00			X				0.	0.	(
3)	YOSSIE HOLLANDER (UNTIL 11/15)	2,00			1				0.	0.	(
4)	VICE CHAIR CHARLES F KRISER	2.00	X		X						
5)	VICE CHAIR STEVE I LYONS	1.50			X			:	0.	0.	(
	VICE CHAIR Sub-total	0.	<u> </u>		X 	• •			0.		96,654
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)		:::	•••	::	::	••••		2,755,855.	· · · · · · · · · · · · · · · · · · ·	413,498
2	Total number of individuals (including but not reportable compensation from the organizatio Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	n ► cer, directo	5 or; o	9 r tr	uste	e,	key (emp	bloyee, or highes	t compensated	Yes N 3 X
4	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than) \$1:	50,0	000	?	f "Yes	s,"	complete Schedu	sation from the Ile J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 2
	ction B. Independent Contractors		. الع م	.	'		401-		that manaharat as	a than \$100.000	
1	Complete this table for your five highest com compensation from the organization. Report of year.	compensated compensat	inaep ion fo	ena r th	ent e ca	alen	dar ye	ear o	ending with or wit	hin the organizatio	n's tax
	(A) Name and business ad	dress							(B) Description of s	ervices	(C) Compensation
A'	TACHMENT 7										······
											- <u>-</u>

	t VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	iot cl unles r and	Pos heck ss pe d a d	C) ition more rson lirect	than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		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)	organization and related organizations
6)	CYNTHIA MARKS (UNTIL 11/15) VICE CHAIR	2.00	X		x		1. 		····. 0.	0.	
7)	RUTH MOSS VICE CHAIR	2.00	X		x		: -1			0.	
8)		2.00	X		X				0.	0.	<u> </u>
9)	GERALD STEMPLER (UNTIL 11/15)	2.00				:			···· · - ···	0.	·,
0)	VICE CHAIR MARK WILF	0.	X		X				0.	an y	· , »
1)	VICE CHAIR CHRISTOPHER WOLF (AS OF 11/15)	0. 5.00	X		X				0.	0.	. :
2)	VICE CHAIR LEONARD ABESS (UNTIL 11/15)	.50 1.00	X		X			;	0.	0.	
3).	NATIONAL COMMISSIONER BARBARA ADELMAN	0.	X		· · · ·			. 	<u>.</u> . 0.	0.	· · ·
1)	NATIONAL COMMISSIONER STEPHEN I ADLER (UNTIL 11/15)	0.	x						0.	0.	
^	NATIONAL COMMISSIONER PETER M ALTER (UNTIL 11/15)	0.	X	· :					0.	. 0.	······································
	NATIONAL COMMISSIONER	0.	x						0.	. 0.	
<u>6)</u>	MILES J. ALEXANDER NATIONAL COMMISSIONER	<u> 1.00</u> 0.	x						0.	. 0.	
d 2	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste			e) wh	• • • •	eceived more than	\$100,000 of	Yes
1	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> .	ule J for su sum of rep eater than	<i>ch inc</i> portal n \$1	fivid ble 50,0	lual con 000	npei ? /:	nsatio f "Ye	n a	ind other compen	sation from the	3 X 4 X
	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
	tion B. Independent Contractors										
Sec	Complete this table for your five highest com										
Sec I :	compensation from the organization. Report o year.	···-									
Sec I :	· · · · · · · ·	dress							(B) Description of s	ervices	(C) Compensation
Sec 1	year. (A)									ervices	

(A) Name and title	(B) Average hours per week (list any	(do r box, office	iot ch unles r and	(C) Posit leck n s pers l a dir	ion nore th son is rector/	nan one both an /trustee)		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	retated organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
			¢			ated			
AMY ALTSHULER NATIONAL COMMISSIONER	4.00	x			· · ;	: ľ	0.		
) BENNET ALSHER	1.00					.: *	Ų.		
NATIONAL COMMISSIONER	0.	x					0	0.	-
) DIANA ZEFF ANDERSON (A 11/15)	1.00								· · · · · · · · · · · · · · · · · · ·
NATIONAL COMMISSIONER	0.	x				ŀ		0.	
) DAVID E APPEL	1.00								
NATIONAL COMMISSIONER	0.	x					0.	. 0.	
) KAREN ARTZ ASH	1.00								
NATIONAL COMMISSIONER	0.	x	L.::		_ ·	<u></u>	0.	0.	. <u></u>
) JEROME C. AXELROD	1,00		. :			. :			
NATIONAL COMMISSIONER	0.	X					0.	0.	· ·
RONALD D BALSER	1.00						: .		
NATIONAL COMMISSIONER	.50	X		:	· · ·		0.	. 0.	
RICHARD BARTON	1.00								
NATIONAL COMMISSIONER	0.	X					0.	. 0.	
) DANIEL J BELLER	1,00	-							
NATIONAL COMMISSIONER	0.	X	: :				<u> </u>	. 0.	
) MARTIN BELSKY	1.00	-							
NATIONAL COMMISSIONER	0.	X	<u> </u>				0	. 0.	
) MARVIN BERENBLUM NATIONAL COMMISSIONER	1.00	X	1				0	0.	:
Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	<u></u>					who	► ►	\$100.000 of	
reportable compensation from the organizatio	n 🕨 _	5	9					· · · ·	
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete School</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>	ule J for su sum of rej eater than accrue co	ch ind portal 1 \$1 	lividi ole o 50,0 nsati	ual com 00? on f	oens If rom	ation <i>"Yes,"</i> any ι	and other comper complete Sched inrelated organizat	nsation from the ule J for such ion or individual	Yes 1 3 X 4 X 5
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employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> ection B. Independent Contractors Complete this table for your five highest con compensation from the organization. Report of year.	ule J for su sum of rej eater than accrue co ces," comple	ch inc portal s \$1 mper te Sc indep	livid ole o 50,0 nsati <u>hedu</u> ende	ual . com 00? ion f <i>ile J</i>	oens If rom for s	ation <i>"Yes,"</i> any u such p	and other comper complete Schedu Inrelated organizat erson that received mor ending with or wit	nsation from the ule J for such ion or individual e than \$100,000 thin the organizatio	3 X 4 X 5
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	Section A. Officers, Directors, Ti (A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	iot ch unles r and	(C) Posit eck n s pen a dlr	ion Tore than Son is bo rector/in	оле h an stee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
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2) JARE	D O BLUM ONAL COMMISSIONER	1.00	x		• •			0.	0.	•
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7) MICH	AEL E BOTNICK ONAL COMMISSIONER	1.00						0.	. 0.	······
B) CYNT	HIA D BRODSKY (UNTIL 11/19 ONAL COMMISSIONER							0.	. 0.	
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	990 (2015) t VII Section A. Officers, Directors, Tru	stees. Ke	v Em	plo	ver	S. 1	and H	lia	hest Compensat	ed Employees (Pa Continued)
	(A) Name and title	(B) Average	y c iii		yee (C Pos	;)		ngi	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	box,	unles	s pe	rson	than o is both	an	compensation from	compensation from related	amount of other
		hours for related organizations below dotted	or director	nstitutional	a Officer	Key employee	n/trust Highest employe	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
		line)	ial fruste tor	onal trustee		ployee	t compensated				organizations
			ă	stee			Isated				
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<u>}</u> .	NATIONAL COMMISSIONER JONATHAN BRUSS	0.	X						0.	0.	
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)	SHELDON O BURMAN (DEC 11/15) NATIONAL COMMISSIONER	1.00	X						0.	0.	
5	JOHN A. CHANDLER (UNTIL 11/15)	1.00							:		
)	NATIONAL COMMISSIONER MICHAEL A CHERRY	0.	X						0.		•
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)	LINDA J CLIFTON	1.00	-						_		
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	t VII Section A. Officers, Directors, Tru (A)	(B)	y ⊏n	1010	(C	;)	ana r	<u>119</u>	(D)	(E)		(F)
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		related organizations	Individual trustee or director	Institutional trustee	Office	Key employee	Highest o employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	/ISC)	from the organization
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Part VII Section A. Officers, Directors, Tru		y Em	iplo			and H	ligi			
(A) Name and tille	(B) Average hours per	(dor	10t cl	Pos	C) sition more	e than o	ne	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
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) DIANE LIPTON DENNIS NATIONAL COMMISSIONER	1.00	x				· . ·		· · · · · · · · · · · · · · · · ·	0.	· · · ·
) JEFFREY DIAMOND NATIONAL COMMISSIONER	4.00					:··	_		0.	
) MARK DILLON	1.00	<u> </u>	-					0.		
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) BETSY EHRENBERG (UNTIL 11/15) NATIONAL COMMISSIONER	4.00	X	:						0.	
) JAY W EISENHOFER NATIONAL COMMISSIONER	1.00	4						0.	0.	
) MARSHALL ELOVICH NATIONAL COMMISSIONER	1.00	x		1				0.	0.	
) NORMAN L EPSTEIN	1.00	1			ŀ					
NATIONAL COMMISSIONER) ROBERT EPSTEIN	0.	X				<u> </u> .		0,	. 0.	
NATIONAL COMMISSIONER) ALLEN J. FAGEL	0.	X	-					0,	. 0.	
NATIONAL COMMISSIONER	0.	X			<u> :</u> .			0.	. 0.	
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			•••	•••	•					
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organization and related organizations gr	eater than	1 \$14 ייי	50,C			f "Ye.			ule J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
Ection B. Independent Contractors Complete this table for your five highest con compensation from the organization. Report of year.										
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 Total number of independent contractors (more than \$100,000 in compensation from the second s				mite	ed t	o tho	se	listed above) who	received	
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	Section A. Officers, Directors, Tru (A) Name and title	ISTOES, KO (B) Average hours per week (list any hours for related	(dor box, office 약 등	iot ch unles r and	(C Posi neck is per lad	;) ition more rson irect	than o is both or/truste	ne an ee)	(D) Reportable compensation from the organization	ed Employee (E) Reportable compensation f related organization (W-2/1099-MI	rom	tinued) (F) Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organization and related organizations
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	IONAL COMMISSIONER	0.	х				<u> </u>		0.	,	0.	
	VEN FINEMAN (AS OF 11/15) IONAL COMMISSIONER	1.00	x						0.		0.	
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		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)	organization and related organizations
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<u>)</u>	ROBBYE FRANK NATIONAL COMMISSIONER	4.00	X						0.	0.	
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	(A) Name and business ad	dress					·	i.	(B) Description of s	ervices	(C) Compensation
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2	more than \$100,000 in compensation from the	ne organiza	ation								

Form 990 (2015)

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·		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)	from the organization and related organizations
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		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)	from the organization and related organizations
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	VII Section A. Officers, Directors, Tru (A) Name and tille	(B) Average hours per week (list any hours for	(do r box, office	ot ch unles r and	(C Pos neck is pe	c) ition more rson lirecto	than o is both or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee)fficer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
6) (JEFFREY B GREENE	1.00									:
	NATIONAL COMMISSIONER	0.	X				•		0.	0.	
	LILEEN GREENLAND (UNTIL 11/15)	1.00					1.1				
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	MURRAY GREIFF	1.00			i			111		0.	
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	FRACEY GROSSMAN	5.00				<u> </u>			· · · · · ·		
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	JAY HACK (AS OF 11/15)	1.00					····	1		· · · · · ·	
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_	MARK O. HACKNER	1.00								1 11 A	
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3)	JOAN HALPERN	1.00				1.			: .:		
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4)	FRANKLIN J HARBERG	1.00					:				
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5)_	JOHN B HARRIS	1.00		ł	ł						
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<u>6):</u>	DAVID S HERSHBERG	1.00	<u>.</u>			- ·					
	NATIONAL COMMISSIONER	0.	X	I	<u> </u>				<u>. 0</u>	0.	
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o ii	or any individual listed on line 1a, is the rganization and related organizations g ndividual	reater tha	n \$1	50,0	000	?	f "Ye	s," •••	complete Sched	ule J for such	4 X
5 C	bid any person listed on line 1a receive o or services rendered to the organization? <i>If "</i> ion B. Independent Contractors	Yes," comple	ete So	hed	ule	J fo	r such	i pe	orson		5
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Form 990 (2015) Part VII Section A. Officers, Directors, Tru	ustees. Ke	y En	nplo	vee	es.	and H	{ia	hest Compensat	ed Employees //	Page &
(A) Name and title	(B) Average hours per week (list any	(do r box,	not ci unles	Pos Pos heck ss pe	C) sition more	e than c is both or/trust	ne an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
147) EILEEN HERSHBERG	4.00							· · · · · · · · · · · · · · · · · · ·		
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148) EDWARD S HERSHFIELD	1.00		•	<u> </u>						
NATIONAL COMMISSIONER	0.	X				:		0.	. 0.	0
149) IRWIN HOCHBERG (UNTIL 11/15) NATIONAL COMMISSIONER	<u> 1.00</u> 0.	x						0.	. 0.	0
150) SUSAN KATZ HOFFMAN	1.00				1					
NATIONAL COMMISSIONER	0.	X		<u> </u>				0.	0.	0
151) LOUISE P HOMBURGER	1.00		· :							
NATIONAL COMMISSIONER	<u> </u>	X		-	-			0.	0.	0
152) ERIC HORODAS NATIONAL COMMISSIONER	6,00		:::	l		1 ·				·
153) LINDA HORODAS	2.50		<u> </u>					0.	0.	0
NATIONAL COMMISSIONER		x	1					0.	. 0.	. · · · · · 0
L54) MICHAEL E HOROWITZ	1.00		-	<u> </u>			. :			0
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55) DAVID M ICKOVIC	1.00		-	-					• • • •	
NATIONAL COMMISSIONER	1	x	Ľ					0	. 0.	
56) ALLAN J JACOBS	1.00						-		· · ·	
NATIONAL COMMISSIONER	t <u></u>	x	1.1					0	. 0	. o
L57) ROCHELLE JACOBSON	1.00				1					
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Section B. Independent Contractors							•			
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2 Total number of independent contractors (i more than \$100,000 in compensation from the second seco	ncluding b ne organiza	ut no ition	it lir	mite	ed t	o tho	se	listed above) who	received	
JSA	organiza		~							Form 990 (201

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	VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	ot ch unles	(C Posi leck i s per	tion more	than o is both	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
8)	KENNETH M JARIN (UNTIL 11/15)	1.00		:.			ă.	•••			·
9)	NATIONAL COMMISSIONER MAX JAVIT	0. 1.00	X	: ::					······································	. 0.	C
	NATIONAL COMMISSIONER	0.	X						<u>0</u>	0.	<u>_</u>
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1)	WILLIAM JOEL (UNTIL 11/15)	1.00									
2)	NATIONAL COMMISSIONER SAMUEL K JONAS	0.	X						0	. 0.	(
<u> </u>	NATIONAL COMMISSIONER	<u> </u>	X						0.	0.	
3)	ROBERT J JOSSEN	1.00									
	NATIONAL COMMISSIONER	0.	Х						0	0.	. (
4)	RICHARD JURO	4.00									
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<u>2)</u>	MARK JUSTER NATIONAL COMMISSIONER	1.00	X			1			0	. 0.	
<u>6)</u>	RHODA KAHN NUSSBAUM	1.00	<u>^</u>				1				•
<u> </u>	NATIONAL COMMISSIONER	0.	х						· · 0	. 0.	•
7)	DENNIS G KAINEN	1.00									
	NATIONAL COMMISSIONER	0.	X						0	. 0	
8)	DENNIS R KANIN	1.00].				···· _ · · · _	
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	(B)	.:		(0		_	-	(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours per					e than o is both		compensation	compensation from	amount of other
	week (list any hours for	office	ало			or/truste		from	related organizations	compensation
	related	Individual trustee or director						organization	(W-2/1099-MISC)	from the
	organizations	dire	Institutional trustee	Officer	Key employee	Ър В	Former	(W-2/1099-MISC)		organization
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) JAMES KURTZ-PHELAN	1.00	-			:					
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art VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not ch unles	Pos neck s pe	;) ition more rson irect	than o is both or/trust	ne an ee)	(D) Reportabl compensat from the	e	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organizati (W-2/1099-N		(W-2/10	99-MISC)	from the organization and related organizations	
			ee			sated		:		-			
) THOMAS J LEANSE	1.00												
NATIONAL COMMISSIONER	0.	X							0.		0.		
) MELVIN LECHNER	1.00						1			:			
NATIONAL COMMISSIONER	0.	Х							0.		0.		
) BRUNO LEDWIN	1.00												
NATIONAL COMMISSIONER	0.	X							Ο.		0.	···	
) MICHAEL LERNER	1.00										į.		
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) BRADLEY A LEVIN	1.00				1								
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) JEFFREY S LEVINGER	1.00		<u> </u>		1							· ·	
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NATIONAL COMMISSIONER	0.	X		[:]	ľ		.	· ·	0.		0.		
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) BARRY LEVITT	1.00	-	1					:					
NATIONAL COMMISSIONER	0.	X							0.		0.		
) DANIEL M LEVY (UNTIL 11/15)	1.00	-				· · .						•	
NATIONAL COMMISSIONER	0.	X							0		0.		
) JOHN LEVY	1.00	}	•			·		1.1.1			.:		
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) MARCIA LEVY	1.00			· .				:					
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orm 990 (2015) Part VII Section A. Officers, Directors, Tr	uetooe Ka		nlo		20	and F	liat	heet Component	od Employage (Pa
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	week (list any					is both		from	related	other
	hours for					or/trust or ≖		the	organizations	compensation from the
	related organizations	n div	nstit	Officer	ey e	mple	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	ecia	utio	9	Ър і	byee	ġ	(44-511088-14190)		and related
•	line)	ŤĒ	halt		Key employee	l "iii	•	: '		organizations
		Individual trustee or director	Institutional trustee	:	֯.) Deng		1.1.11	:	:
			98		1	Highest compensated employee		1		
) SAMUEL LEVY	1.00				<u> </u>				:	
NATIONAL COMMISSIONER	0.	X						0.	0.	
) MAURICE LEWITT	1,00									
NATIONAL COMMISSIONER	0.	x	: .			:		0.	0.	
) ALAN ELI LICHTIN	1.00									· · ·
NATIONAL COMMISSIONER	0:	X						0.	0.	
) CINDY LYONS (AS OF 11/15)	1.00			<u> </u>						
NATIONAL COMMISSIONER	0.	X						· 0.	o.	
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) GINNY MACDOWELL	5.00	<u> </u>	<u> : : :</u>	-	<u>├</u>	· · ·	·			
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) AUDREY MAGID	1.00	<u> </u>	<u> ·</u>	-	+			<u> </u>		<u>· · · · · · · · · · · · · · · · · · · </u>
NATIONAL COMMISSIONER	0.	:			[÷ .			0.	0.	1.1
		X						· ··· · ·	U.	
) HEIDI MADEL (AS OF 11/15)	1.00			1	1	1				
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) ARNOLD L MANHEIMER (U 11/15)	1,00	-								
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) SYLVIA R MARGOLIES	1,00									
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) DANIEL MARIASCHIN	1.00						:			
NATIONAL COMMISSIONER	0.	Х			· .			0.	. 0	•
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4)	NANCY PARRIS-MOSKOWITZ	1.00											
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с d 2	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to 1		liste	•••				eceived more than	\$100,000 of			
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	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unies er and	Pos neck is pe	more rson irect	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee)fficer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
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(A) Name and title		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
	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-MI	SC)	from the organization and related organizations	
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) JAN SCHNEIDERMAN (UNTIL 11/15) NATIONAL COMMISSIONER	1.00	x	:					0		0.	<u>.</u>	
) JUDITH SCHRAM NATIONAL COMMISSIONER	1.00	X					•	0	•	0.		
 Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization) 	limited to t	hose	liste	•••				eceived more than	100,000 of	i i 	· · · · · · · · · · · · · · · · · · ·	
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr	lule J for su sum of re	ch ind portal	divid ble (ual com	nper	 nsatio	 п а	und other comper	nsation from t	he	Yes 3 X	ATTENDED BOOMER CONTRACTOR
individual . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y	accrue co	 mpei	nsati	 ion	••• fror	n any	 /ur	related organizat	tion or individu	ual 🛛	4 X	大学法
ection B. Independent Contractors												_
Complete this table for your five highest con compensation from the organization. Report year.	npensated compensat	indep ion fo	end or the	ent e ca	cor alen	dar ye	ərs Əar	that received more ending with or wi	re than \$100,0 thin the organ)00 of ization's	s tax	
(A) Name and business ad	dress							(B) Description of :	services	Сог	(C) mpensation	
	. :							· · · · · · · · · · · · · · · · · · ·				_
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PAGE 34

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		ANTI-DEF	AMATION	LEA	GUI	E				:	13-181	18723	· · · ·	
Form	990 (2015)	· · · · · · · · · · · · · · · · · · ·	· · ·							· · ·			Page 8	
Par	rt VII Section A. Officers,	Directors, Tru	istees, Ke	y Em	ıplo	yee	es,	and H	ligl	hest Compensat	ed Employees	(continued)		
	(A) Name and title		week (list any box		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee				an	(D) Reportable compensation from	(E) Reportable compensation from related	oth	ated nt of er	
			hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compen from organiz and re organiz	the zation lated	
	· · · · · · · · · · · · · · · · · · ·			tee	ustee			ensated						
301)	STEVE H SCHRAM		1.00											
2001	NATIONAL COMMISSIONE	R	0.	X				.:		0.	<u>, (</u>).	0.	
302)	DALE M SCHWARTZ		1.00	x	. :			1.1			()	Ο.	
303)	PAMELA SCHWARTZ		5.00		;						· · · · · · · · · · · · · · · · · · ·	/•		
	NATIONAL COMMISSIONE	 ER	1.50	х			:.·			0	. <u> </u>).	Ο.	
304)	SARAH SCOTT (UNTIL 1		1.00		1									
	NATIONAL COMMISSIONE	ER	<u>.</u> 0.	X			: 			0.	. ()	0.	
305)	MICHAEL B SERLING		1.00		: • •									
2061	NATIONAL COMMISSIONE GIL R SEROTA	SR	0.	X	: :					0,	, l).	0.	
3007	NATIONAL COMMISSIONE		0.	X.	1 :					0	()	Ο.	
307)	· · · · · · · · · · · · · · · · · · ·		1.00			<u> </u> .			· · ·					
·	NATIONAL COMMISSION	 ER	0.	x		÷.,	ľ			0	• ··· · · · · · · · · · · · · · · · · ·	.	0.	
308)	NEAL SHAPERO		1.00								*			
	NATIONAL COMMISSION	SR	0.	X	<u> </u>					0	().	0.	
309)	KEITH SHAPIRO		1.00	-		•					1			
3101	NATIONAL COMMISSION HOWARD SHAPIRO (UNT		0.	X		-	-	1.11.11	-	<u> </u>		0.	0.	
5101	NATIONAL COMMISSION		10.	x				. :	ļ	0	:	o.	0.	
(311)	MICHAEL N SHEETZ		5.00			<u> </u>	1.							
	NATIONAL COMMISSION	ER	.50	X	1					0	• · · · · · · · · · · · · · · · · · · ·	o.	0.	
c _d	Sub-total Total from continuation shee Total (add lines 1b and 1c)													
2	Total number of individuals (in reportable compensation from			hose 5		ed a	bov	e).wh		eceived more than	\$100,000 of		es No	
3	Did the organization list a employee on line 1a? If "Yes,"												X	
4	For any individual listed on organization and related o individual	rganizations gr	eater thar	i \$1	50,0	000	? . l	f "Ye	s,"	complete Sched	ule J for such		X	
5	Did any person listed on line for services rendered to the o	e 1a receive or	accrue co	mper	nsat	ion	froi	n an	y ur	nrelated organizat	ion or individual		X	
Se	ection B. Independent Contrac		00, 00111010	10 00	100		0 10	0,001	, po				<u>_</u>	
1	Complete this table for your compensation from the organ year.	five highest com	pensated compensat	indep ion fo	end r th	ent e ca	cor alen	ntracte dar ye	ors ear	that received more ending with or wit	e than \$100,000 thin the organiza	0 of ition's tax		
	Nam	(A) Name and business address								(B) (C) Description of services Compensation				
			.:			-				· · · · · · · · · · · · · · · · · · ·	···	· · · ·		
<u> </u>									- -		·			
	· <u>···</u> .								- -	<u></u>				
2	Total number of independer more than \$100,000 in comp	nt contractors (i	including b	utinc		mite	ed :t	o tho	se)	listed above) who	received			
JSA 5E10										· · ·	12344234	Form 9	90 (2015	

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	untes r and	is pei lad	ition more rson irecte	than or is both a or/truste	an an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
·····			8			sated		· · · · · ·		
HOWARD A SHERWOOD NATIONAL COMMISSIONER	1.00	X						0.	0	
ANDREA SHPALL	1.00							· · · · ·		
NATIONAL COMMISSIONER MARTIN L SHULTZ (UNTIL 11/15)	0.	Χ.			<u> </u>			0.	. 0	•
NATIONAL COMMISSIONER	0.	Х						0.	0	•
JEFFREY M SIMON	1.00	x						0.	0	
NATIONAL COMMISSIONER	0.		-		+ :					• · · · · · · · · · · · · · · · · · · ·
NATIONAL COMMISSIONER	0.	X	<u> </u>					0.	. 0	•
) MOISHE SMITH NATIONAL COMMISSIONER	1.00	X	.					0	0	
ANDREW C SNYDER	1.00	_	<u> </u>							
NATIONAL COMMISSIONER	0.	X	<u> </u>	 	ŀ.,			0	. 0	•
) HELEN WARREN SPECTOR NATIONAL COMMISSIONER	1.00				ŀ			0	. o	•
) ROBYN SPERLING	4.00		1.	1						
NATIONAL COMMISSIONER) ILENE STEIMAN	1.00	X			-	· . · .	<u> </u>	0	. <u> </u>	•
NATIONAL COMMISSIONER	0.	-						0		<u> </u>
) ROBYN STEINBERG (UNTIL 11/15)	1.00	-	Γ					0		
NATIONAL COMMISSIONER	0.	X	1				<u></u>	· · ·	• •	
c Total from continuation sheets to Part VII, S					•••				· · · · · · · · · · · · · · · · · · ·	
d Total (add lines 1b and 1c)	limited to	those	liste 9	ed a	abov	/e) wh	o re	eceived more than	1\$100,000 of	· · · · ·
Did the organization list any former offi employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations g <i>individual</i> Did any person listed on line 1a receive o for services rendered to the organization? <i>If "</i>	dule J for su sum of re reater that r accrue co	nch in porta n \$1 pompe	divid ble 50,0 nsat	dual con 000 tion	npe ? / fro	nsatic If "Ye m an	on a s," • •	and other compe complete Sched	nsation from the ule J for such tion or individual	Yes 3 X 4 X 5
Complete this table for your five highest con compensation from the organization. Report year.	npensated compensa	inder tion f	oend or th	lent ie c	co aler	ntract ndar y	ors ear	that received mo ending with or w	re than \$100,000 thin the organiza) of tion's tax
(A) Name and business a	idrees							(B) Description of	services	(C) Compensation
						: '	_			
										<u>.</u>
Total number of independent contractors							• •			

ELLEN J STERNWEILER NATIONAL COMMISSIONER ALLAN STEYER	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	漢호	- A' -	the	organizations	compensation
NATIONAL COMMISSIONER	1.00	8	X		oyee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
NATIONAL COMMISSIONER	1.00		#		:	nsate	:			
NATIONAL COMMISSIONER						ă.			<u> </u>	
and the second	0.	X.						0.	0.	
	1.00				1					
NATIONAL COMMISSIONER	0.	x				::::		0.	0.	· · · ·
STEPHEN D SUSMAN	1.00							· · · · · · · · · · · · · · · · · · ·		
NATIONAL COMMISSIONER	0.	X			1			0.	0.	·
MARLA LERNER TANENBAUM	1.00									
NATIONAL COMMISSIONER	0.	x			1		l	0.	0.	
ZENA M. TAMLER	1.00		1.:		1	• : . :		· · · · · · · · · · · · · · · · · · ·		
NATIONAL COMMISSIONER	0.	X						0.	0.	
CHARLES E TAYLOR	1.00			1						
NATIONAL COMMISSIONER	0.	Х				· ·		0.	. 0.	
LEAH TEMKIN (AS OF 11/15)	1.00				-	-				
NATIONAL COMMISSIONER	0.	Х		L			L	0.	0.	· · · ·
ROBYN TEPLITZKY (AS OF 11/15)	4.00									
NATIONAL COMMISSIONER	0.	Х						0.	0,	
NANCY TIMM	4,.00		· · .			· • :				
NATIONAL COMMISSIONER	0.	X			1		1	0.	0.	,
ANDREW H TISCH	1.00		1 :							
NATIONAL COMMISSIONER	0.	Х	1					0	. 0.	,
JAY L TOBIN	1.00	i			÷					
NATIONAL COMMISSIONER	0.	Х					÷.,	· 0	. 0.	•
Total from continuation sheets to Part VII, Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organizat	ot limited to		liste			e) wh	• • re	eceived more than	\$100,000 of	· · ·
Did the organization list any former of employee on line 1a? <i>If "Yes," complete Sche</i> For any individual listed on line 1a, is the organization and related organizations	edule J for su e sum of re greater thai	i <i>ch ind</i> porta n \$1	divid ble 50,0	luál com 000°	npe 7 /	nsatio	n a	nd other comper	sation from the	Yes 3 X
individual	or accrue co	ompe	nsat	ion	fro					4 X 5
Complete this table for your five highest co compensation from the organization. Repor year.	ompensated t compensat	indep tion fo	end or the	ent e ca	coi alen	ntracto dar ye	ərs Əar i	that received mor ending with or wi	e than \$100,000 thin the organizati	on's tax
(A) Name and business	address	1.1						(B) Description of s	services	(C) Compensation
	· · ·									
· · · · · · · · · · · · · · · · · · ·										
					•••					
		. • .:.					· .			
Total number of independent contractors more than \$100,000 in compensation from				mite	ed 1	o tho	se	listed above) who	o received	

	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos neck as pe d a d	more rson irect	than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	other compensation
		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-MIS(c) from the organization and related organizations
4)	WENDY TONKIN	4.00							: _:		
	NATIONAL COMMISSIONER	0.	X	.: :					···		0.
5)	SAM TRAMIEL	1.00					- i				
<u></u>	NATIONAL COMMISSIONER	0.	X						0.		0.
6)	TRACY L TREGER	1.00	· : ·			· .		11			
7 \	NATIONAL COMMISSIONER	0.	<u>. X</u>		<u> </u>			<u>.</u>	0.		0.
\underline{T}	MARJORIE J TREISMAN	1.00				. *		:			
0.5	NATIONAL COMMISSIONER	0.	<u> </u>		<u> </u>	.		·	0.		0.
8)	JEROME H TURK	1.00		i .			1.1		_		
	NATIONAL COMMISSIONER	0.	X	<u> </u>	<u> </u>	<u> </u>			0.		0.
9)	STEVEN UNGERLEIDER	1.00	•				1				
<u>.</u>	NATIONAL COMMISSIONER	0.	X						0.	· · · · · · · · · · · · · · · · · · ·	0.
0)	HERBERT A WAINER	1.00	ł			1		:			_
	NATIONAL COMMISSIONER	<u>:</u> : 0.	X	Ļ	<u> </u>	:.		• • • • • •	·::· 0.		0.
1)	JOHN WALLACH	1.00	1	1		<u>.</u> :	ŀ	:			
	NATIONAL COMMISSIONER	0.	X			İ			0.		0.
2)	LENORE WAX	1.00									
	NATIONAL COMMISSIONER	0.	X						0.		0.
3)	ALLEN WAXMAN (UNTIL 11/15)	1.00									
	NATIONAL COMMISSIONER	0.	X	ł					0.		0.
4)	ALAN JAY WEIL	- 1.00				1		• :			
	NATIONAL COMMISSIONER	0.	· X					l:	0.		0.
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	<u>.</u>							eceived more than	\$100,000 of	
3	reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	er, directo ule J for su	ch inc	tri tivid	ual	•••	• • •	• •			3 X
5	For any individual listed on line 1a, is the organization and related organizations gra individual Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y	eater than accrue co	n \$1! mper	50,0 .sati)007 • • ion	? i • • fror	f <i>"Ye</i> u n any	s," ••• • ur	complete Schedu arelated organizat	ule J for such ion or individua	4 X
	tion B. Independent Contractors	,									·
	Complete this table for your five highest com compensation from the organization. Report o year.	pensated i compensat	indep ion fo	end r the	ent e ca	cor alen	itracto dar ye	ors ear	that received mor ending with or wit	e than \$100,00 hin the organiz	0: of ation's tax
	(A) Name and business add	dress				<u>.</u>	.:		(B) Description of s	ervices	(C) Compensation
	· · · · · · · · · · · · · · · · · · ·	·····					<u> </u>			· · · · · · · · · · · · · · · · · · ·	
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÷.,										· 	
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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	is per dia di	ition more rson irect	than o is both or/trusti	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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)	from the organization and related organizations
MIRIAM WEISMAN	5.00					·:·				
NATIONAL COMMISSIONER	0.	X				•		<u> </u>	0.	<u> </u>
EDWARD WEISSELBERG	1.00					:. :				
NATIONAL COMMISSIONER	<u>.</u> .	X						0.	0.	
MITCHELL J WESELEY	6.00			· · ·]	:		:			
NATIONAL COMMISSIONER	1.50	X					:	0.	0.	
BARRY WINOGRAD	1.00				. :					
NATIONAL COMMISSIONER	0.	x			1:.			0.	0.	
) JACQUES WOLF	1.00									
NATIONAL COMMISSIONER	0.	x	j.		1			o.	o.	
) HARVEY J WOLKOFF	1.00			-	-					
NATIONAL COMMISSIONER	1 0.	x						0.	0.	
) STEPHEN ZACK	1.00		· ·		-			<u> </u>		
	+			:	1					
NATIONAL COMMISSIONER	1 0.	X		<u></u>	<u></u>	 		0.	0.	
) MARJORIE ZESSAR	1.00	l						· · · ·		
NATIONAL COMMISSIONER	0.	X				<u> </u>		0.	0.	
) MARTINE ZINN	1.00	1	ŀ	ļ		- -				
NATIONAL COMMISSIONER	0.	Х						0.	0.	<u> </u>
) ROBERT L ZUCHERMAN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	. 0.	
) CLIFFORD SCHECHTER	34.00									
CHIEF OPERATING OFFICER	6.00	1		x			۰.	243,472.	42,966.	42,86
 Sub-total Total from continuation sheets to Part VII, S 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	
Did the organization list any former officemployee on line 1a? If "Yes," complete School For any individual listed on line 1a, is the organization and related organizations grindividual.	lule J for su sum of rej eater than accrue co	or, or chind portat \$14	tru <i>livid</i> ble (50,0	ual com)007 ion	iper ? //	nsatio ^f "Yes n any	n a s," un	nd other compen complete Schedu	sation from the <i>Ile J for such</i> ion or individual	Yes I 3 X 4 X 5
ection B. Independent Contractors										;
Complete this table for your five highest con compensation from the organization. Report year.								ending with or wit		n's tax
(A) Name and business ad	dress						.	(B) Description of s	ervices ((C) Compensation
· · · · · · · · · · · · · · · · · · ·			• • • • •							

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(A) Name and title	(B) Average hours per week (list any hours for	(don box, office	F not che unless r and	(C Posif eck r s per a di) tion nore son i recto	than o is both or/trust	ne an ee)	(D) Reportable compensation from the	ed Employees (c (E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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)	from the organization and related organizations
) MICHAEL A KELLMAN	24.00									
CHIEF FINANCIAL OFFICER	16.00			Х				156,808.	104,539.	42,86
) NINA HANAN	24.00								100 575	00 57
DIRECTOR OF DEVELOPMENT	16.00				X			270,862.	180,575.	20,57
) IRA ROBERT WOLFSON	40.00				·			015 104		01 44
ASSOC. NAT. DIR. OF REG. OPER.	0.	<u> </u>			X			217,104.	0.	21,44
) DEBORAH G LAUTER	40.00]						
DIRECTOR OF CIVIL RIGHTS	0.		\square		<u>x</u>			194,788.	<u>,</u> 0,	38,89
) DAVID S WAREN	40.00								· ·	
DIRECTOR OF EDUCATION	0.				Х	· · ·	<u> </u>	204,487.	0.	41,72
) STEVEN C SHEINBERG	20.00						ļ			
GENERAL COUNSEL	20.00				Х			97,330.	97,330.	39,92
) MICHAEL ALAN SALBERG	40.00									:
DIRECTOR INT'L AFFAIRS	0.					X		469,417.	0,	42,5
) KENNETH JACOBSON	40.00									
DEPUTY NATIONAL DIRECTOR	0.	1	1			X	1	240,424.	0.	19,30
) EVAN BERNSTEIN	40.00									
NEW YORK REGIONAL DIRECTOR	0.		1			x		229,387.		39,6
) AMANDA F SUSSKIND	40.00		+					,, <u></u>	· · ·	
LA REGIONAL DIRECTOR	0.					x		223,736.	. 0	. 20,84
) LONNIE J NASATIR	40.00									
CHICAGO REGIONAL DIRECTOR	0.	-	1 1			x		208,040	. 0	42,7
b Sub-total					I		-	2007,910	· · · · · · · · · · · · · · · · · · ·	<u> </u>
c Total from continuation sheets to Part VII, S <u>d</u> Total (add lines 1b and 1c)	limited to f		liste					eceived more than	\$100,000 of	
Did the organization list any former offi employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i>	fule J for su sum of re reater thar 	ch ind portal 1 \$1 ompei	ble o 50,0 nsatie	ual com 00? on	iper //	nsatio f <i>"Ye</i> n any	in a s," / ui	and other comper complete Sched	nsation from the ule J for such ion or individual	Yes 3 X 4 X 5
ection B. Independent Contractors								<u> </u>		
Complete this table for your five highest cor compensation from the organization. Report year.	npensated compensat	indep ion fo	ende or the	ent : e ca	con ilen	ntracte dar ye	ors: ear	that received more ending with or wi	e than \$100,000 thin the organizat	of on's tax
(A) Name and business ac	Idress					•:		(B) Description of s	services	(C) Compensation
						. :	+			
			- 1 s				+		<u> </u>	
· · · · · · · · · · · · · · · · · · ·										
							+		·	
					-					: :
Total number of independent contractors (-			

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rt VIII				· · · · · · · · · · · · · · · · · · ·		: :	·
	Check if Schedule O co	ontains a respon	se or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
1a	Federated campaigns	1a	203,516.				
	Membership dues	· · · ·					
	Fundraising events		14,052,869.				
	Related organizations		5,338,999.			dial gate from	
e	Government grants (contribu	itions) 1e					
f	All other contributions, gifts,						
	and similar amounts not included		33,126,567.				
9 h	Noncash contributions included i Total. Add lines 1a-1f		2,477,316.	52,721,951.			
			Business Code	32,721,931.		Adam destancione	
2a	EDUCATIONAL TRAINING FEES	. : 3 <u></u> .	611710	747,475.	747,475.		
b	· · · · · · · · · · · · · · · · · · ·						
c		<u> </u>					
d	·				· · · · · · · · · · · · · · · · · · ·	· · ·	
e			· · ·		······································		· · · · · · · ·
f g	All other program service rev Total. Add lines 2a-2f			747,475.			
3		cluding dividen					
	and other similar amounts).	•					
4	Income from investment of	tax-exempt bond	proceeds . ►	0.	····		
5	Royalties			0.			
		(i) Real	(ii) Personal	addard the state of			
6a	Gross rents		•				
b	Less: rental expenses						
C d	Rental income or (loss)	· · · · · · · · · ·		0.			
7a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	2,092,313.					
b	Less: cost or other basis						
	and sales expenses	2,111,141.					
C	Gain or (loss)						
d	Net gain or (loss)		_ <u></u> ▶ *	-18,828.			<u>-18,8</u>
8a	Gross income from fundra events (not including \$ 14	•	:				
	of contributions reported on						
	See Part IV, line 18		9,377,668.				
b	Less: direct expenses						
c	Net income or (loss) from fu	undraising events	· · · · · · · · •	3,110,562.			3,110,5
9a	Gross income from gaming						
	See Part IV, line 19	-					
L D	Less: direct expenses Net income or (loss) from g			0.			
10a	Gross sales of invent returns and allowances	tory, less					
b c	Less: cost of goods sold Net income or (loss) from sa		└ <u>····</u>	0.			
	Miscellaneous Revenu	te .	Business Code				
11a	INTEREST ON LOAN RECEIVAN	BLE	900099	356.		: <u> </u>	<u> </u>
b	· · · · · · · · · · · · · · · · · · ·	· · · ·		·	· · · ·		
C							· · ·
d	All other revenue		L	356			
6	Total revenue. See instruction			56,561,516.	747,475		3,092,0

JSA 5E1051 1.000

ANTI-DEFAMATION LEAGUE Part IX Statement of Functional Expenses

Check if Schedule O contains a resp		e in this Part IX	<u></u>	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic	20, 100	20,100		
individuals. See Part IV, line 22	38,100.	38,100.		a tenan tanan t
3 Grants and other assistance to foreign organizations, foreign governments, and foreign			aningin e succition de general de la sectore	
individuals. See Part IV, lines 15 and 16	0.	.:		
4 Benefits paid to or for members	0.	······································		
5 Compensation of current officers, directors,	· · · · · · · · · · · · · · · · · · ·			
trustees, and key employees	1,625,355.	1,154,063.	255,075.	216,217
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	511,947.	511,947.	·	
7 Other salaries and wages	21,931,056.	17,377,308.	1,166,372.	3,387,376
8 Pension plan accruals and contributions (include				-
section 401(k) and 403(b) employer contributions)	447,670.	373,820.	10,957.	62,893
9 Other employee benefits	6,018,205.	5,038,504.	121,501.	858,200
10 Payroll taxes	1,896,367.	1,583,532.	46,416.	266,419
1 Fees for services (non-employees):	ο.			
a Management	131,727.	7,462.	118,249.	6,016
b Legal	172,207.	8,177.	157,439.	6,591
c Accounting	5,000.	5,000.	10171001	
e Professional fundraising services. See Part IV, line 17	253,474.		and the second second second second second second second second second second second second second second second	253,474
f Investment management fees	0.	· · · · · · · · · · · · · · · · · · ·		
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.).	0.		· · · · · · · · · · · · · · · · · · ·	
12 Advertising and promotion	0.			
13 Office expenses	2,568,840.	1,866,250.	387,462.	315,128
14 Information technology	1,069,654.	829,803.	166,937.	72,914
15 Royalties	0.	·		
16 Occupancy	6,694,956.	5,212,397.	1,119,982.	
17 Travel	1,505,637.	1,449,597.	29,622.	26,418
18 Payments of travel or entertainment expenses				:
for any federal, state, or local public officials	0.	1 504 070	20.270	20.000
19 Conferences, conventions, and meetings	1,645,311. 89,815.	<u>1,584,072.</u> 22,221.	32,370. 59,691.	28,869 7,903
20 Interest	09,015		59,091.	1,303
21 Payments to affiliates,	1,002,921.	790,996.	158,258.	53,667
22 Depreciation, depletion, and amortization	332,735.	262,425.	52,505.	17,805
23 Insurance 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.)		n en gran egy an en gran de freide. Na elektron a ser gran de ante ester		na statistica Maria
aRESEARCH_MATERIALS	173,782.	122,222.	18,789.	32,771
bADL GLOBAL 100 INDEX SURVEY	1,375,000.	1,375,000.		
cEDUCATION PROJECTS & FUNCTIO	2,375,204.	2,375,204.		
dCREATIVE_DESIGN	238,103.	238,103.		· · · · · · · · · · · · · · · · · · ·
e All other expenses	3,158,147.	1,807,086.	1,160,355.	190,706
25 Total functional expenses. Add lines 1 through 24e	55,261,213.	44,033,289.	5,061,980.	6,165,944
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here 🕨 🔀 if			1	· · ·
following SOP 98-2 (ASC 958-720)	1,029,246.	613,789.	165,821.	249,636

Form 990 (2015)

JSA 5E1052 1.000

art	Х	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		Page 11
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,055,239.	1	2,570,111.
	2	Savings and temporary cash investments	4,728,522.	2	3,197,232.
	3	Pledges and grants receivable, net	9,804,673.	3	11,224,996.
	4	Accounts receivable, net	0.	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	11,239.	5	10,595
	1. 1	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
្ល	7	Notes and loans receivable, net	0.	7	0
ŵ		Inventories for sale or use	357,000.	8	348,500
∢∣		Prepaid expenses and deferred charges	490,529.	9	606,657
· ·		Land, buildings, and equipment: cost or			
'		other basis. Complete Part VI of Schedule D 10a 20, 645, 234.			
		Less: accumulated depreciation		10c	7,443,507
1		Investments - publicly traded securities	105,303.		398,944
		Investments - other securities. See Part IV, line 11	34,500.		
	3	Investments - program-related. See Part IV, line 11	0.		0
		Intangible assets	0.	14	(
		Other assets. See Part IV, line 11	1,989,936.		123,612
_		Total assets. Add lines 1 through 15 (must equal line 34)	26,423,509.	16	26,194,054
		Accounts payable and accrued expenses	5,934,678.	17	6,738,249
	8	Grants payable		18	(
		Deferred revenue	881,706.	19	835,397
		Tax-exempt bond liabilities	0.		(
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	(
12	22	Loans and other payables to current and former officers, directors,			
Liabilities 5		trustees, key employees, highest compensated employees, and		14.2	
		disqualified persons. Complete Part II of Schedule L	0.	22	(
<u>2</u> 2		Secured mortgages and notes payable to unrelated third parties			4,000,000
· .		Unsecured notes and loans payable to unrelated third parties			(
		Other liabilities (including federal income tax, payables to related third			· · ·
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	37,283,901.	25	36,851,611
2		Total liabilities. Add lines 17 through 25	48,100,285.	26	48,425,257
S S		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ 2	27	Unrestricted net assets	-27,114,943.	27	-27,485,283
	28	Temporarily restricted net assets	5,438,167.	28	5,254,080
힡 2	29.	Permanently restricted net assets	0.	29	(
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
र्थ 3	30	Capital stock or trust principal, or current funds		30	<u> </u>
SS 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
×۱۵	32	Retained earnings, endowment, accumulated income, or other funds		32	
ہ انب		Trading to a second below and	-21,676,776.	33	-22,231,203
Net 9	33	Total net assets or fund balances Total liabilities and net assets/fund balances	-21,070,770.	33	26,194,054

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Form 9	90 (2015)				Pag	je 12
Pari	t XI Reconciliation of Net Assets				•	
	Check if Schedule O contains a response or note to any line in this Part XI	() 				Х
. 1	Total revenue (must equal Part VIII, column (A), line 12)	1		56,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2		55,2		-
3	Revenue less expenses. Subtract line 2 from line 1	3		1,3	00,3	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,6	76,7	76.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				Ö.
7	Investment expenses	7			<u> </u>	0.
. 8	Prior period adjustments	8			<u>.</u>	<u> </u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,8	54,7	30.
10 -	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33, column (B)) </u>	10		22,2	31,2	03.
Part		· · ·	'	:		
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>		
• •					Yes	No
- 1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in i			
	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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1. J		. W. S
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 aud	ited o	n a. :		C aç	
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis				1. 18	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent ac	counta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	explai	n in			
	Schedule O.					- · ·
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	et forti	n in 🕔		:	
	the Single Audit Act and OMB Circular A-133?			<u>3a</u>	:	:. X
. b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	: :		:.
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	dits		3b		
				Form	990	(2015)

JSA

Denartm				anization is a section 50			n or a section		2015
Denartm				947(a)(1) nonexempt cha					
ntemal	nent of the Treasury Revenue Service	Information		 Attach to Form 990 or F (Form 990 or 990-EZ) at 			s at www.irs.gov	/form990	Open to Public Inspection
	of the organization		· · · · · · · · · · · · · · · · · · ·		-				ication number
NTI	-DEFAMATION								1818723
Part				organizations must c			-	ctions.	
		•		t is: (For lines 1 throug					
	- · · ·			ation of churches description of churches description of the second					··· .
2). (Attach Schedule E (organization described in					
4		earch organiz	zation operated in	conjunction with a hos)(1)(A)(i	ii). Enter the
5	An organizati	on operated		a college or university	y owned	or oper	ated by a gov	ernmen	tal unit described
6				ernmental unit described	d in secti	ion 170(t)(1)(A)(v).		
7 2		-		bstantial part of its su				t or fror	n the general pu
_)(1)(A)(vi). (Comp		:				
8				b)(1)(A)(vi). (Complete					abla franciska
9				more than 331/3% of i ot functions - subject					
	• • • •			nd unrelated business					
		÷		975. See section 509(4	,
0		-		lusively to test for publi					
1				lusively for the benefit o					y out the purpose
			rtad aragaization	s described in section 5	509(a)(1)) or secti	on 509(a)(2). S	See sect	tion 509(a)(3). Ch
	one or more p	ublicly suppo	nieu organization	a described in section o			1		
				es the type of support					
a.	the box in line	s 11a throug pporting org	h 11d that describ anization operate	es the type of support d, supervised, or contro	ing orgar olled by	nization a its suppo	and complete lin	nes 11e, tion(s), t	, 11f, and 11g. ypically by giving
а.	the box in line	s 11a throug pporting org	h 11d that describ anization operate	es the type of support	ing orgar olled by	nization a its suppo	and complete lin	nes 11e, tion(s), t	, 11f, and 11g. ypically by giving
	the box in line Type I. A su the supporter organization	s 11a throug upporting org ed organizatio . You must c	h 11d that describ anization operate on(s) the power to omplete Part IV,	es the type of support d, supervised, or contro o regularly appoint or e Sections A and B.	ing orgar olled by elect a m	nization a its suppo ajority of	and complete lin orted organizat the directors	nes 11e, lion(s), t or truste	, 11f, and 11g. ypically by giving ees of the suppor
a . b	the box in line Type I. A su the supporter organization Type II. A s	s 11a throug upporting org ed organization . You must c upporting org	h 11d that describ anization operate on(s) the power to omplete Part IV, janization supervi	es the type of support d, supervised, or contro- o regularly appoint or e Sections A and B. sed or controlled in co	ing orgar olled by elect a m nnection	nization a its suppo ajority of with its	and complete lin orted organizat the directors supported org	nes 11e, iion(s), tr or truste anization	, 11f, and 11g. ypically by giving ees of the suppor n(s), by having
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b c d f E g f (i) (A) (A) (C) (D)	the box in line Type I. A su the supporte organization Type II. A s control or m organization Type III fun its supporte Type III nor that is not fu requirement Check this b functionally Enter the number	s 11a throug upporting org ed organization . You must c upporting org nanagement of (s). You must ctionally inter d organization -functionally inter t (see instruct pox if the organization of supported ving information	h 11d that describ anization operate on(s) the power to complete Part IV, ganization supervi of the supporting t complete Part I' grated. A support (s) (see instruction integrated. The organization (s) (see instruction (s) (s) (see instruction (s) (s) (see instruction (s) (s) (see instruction (s) (s) (s) (s) (s) (s) (s) (s) (s) (s)	tes the type of support d, supervised, or contro- oregularly appoint or e Sections A and B. sed or controlled in co- organization vested in V, Sections A and C. ting organization opera- nns). You must comple porting organization opera- anization generally must complete Part IV, Sect a written determination ctionally integrated sup- ported organization(s). (iii) Type of organization (described on lines 1-9	ing organ olled by elect a m nnection the same ated in co te Part I perated of satisfy ions A a on from the porting co ((v) is the listed in your docu	nization a its support ajority of with its e person onnection V, Section in connet a distrib nd D, and he IRS th organization ur governing ment?	ind complete lin orted organizat the directors supported org s that control of m with, and fun ons A, D, and E ection with its s ution requirem d Part V. hat it is a Type I ion. (v) Amount of m support (se instructions	nes 11e, tion(s), tr or truste anization or mana actionally supporte ent and , Type II,	, 11f, and 11g. ypically by giving ees of the suppor n(s), by having uge the supported y integrated with; ed organization(s) an attentiveness , Type III (vi) Amount of other support (see

Schedule A (Form 990 or 990-EZ) 2015

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

<u>Sec</u>	tion A. Public Support						<u> </u>
Calé	ndar year (or fiscal year beginning in) 🕨	(a) 20 11	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
•	include any "unusual grants.")	49,486,197.	48,699,625.	57,580,405.	50,984,173.	52,701,247.	259,451,647.
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			::: :: ::	•		· · · · · · · · · · · · · · · · · · ·
4	Total. Add lines 1 through 3	49,486,197.	48,699,625.	57,580,405.	50,984,173.	52,701,247.	259,451,647.
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)						0.
6	Public support. Subtract line 5 from line 4.						259,451,647.
Sec	tion B. Total Support						· .· .
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	49,486,197.	48,699,625.	57,580,405.	50,984,173.	52,701,247.	259,451,647.
8	Gross income from interest dividends, payments received on securities loans, rents, royalties and income from similar						· · · · · · · · · · · · · · · · · · ·
	sources	14,487.	7,746.	5,870.	2,504.	356.	30,963.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	· · · ·					<u>0.</u>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) $_{ABCH, 1}$	7,434,415.	8,365,554.	8,909,364.	8,586,344.	9,377,668.	42,673,345.
11	Total support. Add lines 7 through 10	,, 151, 115	0730070014				302,155,955.
12	Gross receipts from related activities, etc. (see instructions)				12	4,949,580.
13	First five years. If the Form 990 is to organization, check this box and stop here	for the organiza	tion's first, seco	nd, third, fourth	or fifth tax ye	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						·
14	Public support percentage for 2015 (I	ine 6, column (f) divided by line	11, column (f)		14	85.87%
15	Public support percentage from 2014	Schedule A, Pa	art II, line 14			15	86.36%
16a	331/3% support test - 2015. If the o	organization did	not check the	box on line 13	, and line 14 is	s 331/3 % or mo	re, check
	this box and stop here. The organizat	ion qualifies as	a publicly suppo	rted organizatio	on		► X
. b	331/3% support test - 2014. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part VI how the organization meets organization				::		▶ ⊡
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org	anization meet	ts the "facts-an	d-circumstance	s" test, check	this box and st	op here.
	Explain in Part VI how the organizat						
	supported organization						►∟
18	Private foundation. If the organization						N
	instructions		<u></u>		<u></u> .	<u></u>	<u> ► </u>

Schedule A (Form 990 or 990-EZ) 2015

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 Calendar year (or fiscal year beginning in) 🕨 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

	unrela	ted trade o	r busines	s unde	r section	513
4	Tax	revenu	es le	vied	for	the
	organ	ization's	benefit	and	either	paid
	to or	expended	i on its b	ehalf		

5	The	value	of	services	or	facilitie	s
	furni	shed by	a g	overnmen	tal ui	nit to the	e
	orgai	nization	with	out charge	ə		

	Amounts included on lines 1, 2,	
6	Total. Add lines 1 through 5	

	received	from disq	ualifi	ed per	son	s	
b	Amounts	included	on	lines	2	and	3
	received	from o	ther	than	di	ileuna	lied

	persons that	exceed	the	gre	ater	of	\$5	,000	נ
	or 1% of the	amount	on	line	13	for	the	yea	٢
с	Add lines 7a	a and 7	o			•			

-	Public										
	line 6.)	۱.					ć	•			. •

Section B. Total Support

000						· · · · ·	<u> </u>
Caler	adar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			· · · ·			· · · · · · · · · · · · · · · · · · ·
c	Add lines 10a and 10b			:			<u> </u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			· · ·			. : 11.
14	First five years. If the Form 990 is	for the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2015 (line 8	, column (f) divid	led by line 13, colu				%
16	Public support percentage from 2014 Sch	edule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2015 (I	ine 10c, column	(f) divided by line	13, column (f))		17 ::	
18	Investment income percentage from 2014					18.	%
19 a	33 1/3% support tests - 2015. If the or	ganization did r				re than 331/3%,	and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2014. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
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Part	(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Se and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, com	plete		:
 Secti	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part on A. All Supporting Organizations	V.)		
		-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<u>1</u>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<u>4b</u>		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	_4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type 1 or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	_ <u>5b</u> 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1.11
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c.		·
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	105	5 15. 5.	: ::

Schedule A (Form 990 or 990-EZ) 2015

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	ANTI-DEFAMATION LEAGUE 13-18	18723		
	e A (Form 990 or 990-EZ) 2015		. F	Page 5
Part I	V Supporting Organizations (continued)		·	
	an an an an an an an an an an an an an a	:	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		an an an An an an an	
a :	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1.111		
	below, the governing body of a supported organization?	11a		·
	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations	· .		
	and the line of the second second second second second second second second second second second second second		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	: .		2.13 2.13
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			100
	controlled the organization's activities. If the organization had more than one supported organization,		1 (i)	n jiha
· · · :	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u>.</u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	: .		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations	<u> </u>	1.4	
		<u> </u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ta sa an		
	or management of the supporting organization was vested in the same persons that controlled or managed		1.123	
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		1	T
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	· [Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pric	r 😳		
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies (: :	
	the organization's governing documents in effect on the date of notification, to the extent not previously		1.15%	-
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	127.1	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		14 14	1 . Ma
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se) instruct	tions):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see instru		
2	Activities Test. Answer (a) and (b) below.	1	Yes	S No
2		1 []]:		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		. Dist	5 ·
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	, -		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	[· · · ; ·		1 12
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	:		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e			Y contra
~	The trip or demonstration eventual and and an another trip hole and hold reading and another or a		1	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		_ <u>_</u>

Schedule A (Form 990 or 990-EZ) 2015

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		· · · · · · · · · · · · · · · · · · ·
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		·
7 Other expenses (see instructions)	7		· · · · · · · · · · · · · · · · · · ·
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	<u>1</u> a	<u></u>	
b Average monthly cash balances	1b	<u></u>	
c Fair market value of other non-exempt-use assets	10	<u></u>	
d Total (add lines 1a, 1b, and 1c)	1d		·
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 	· 4		· · · · · · · · · · · · · · · · · · ·
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	.1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		·
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

1 martine and the	le A (Form 990 or 990-EZ) 2015		inne (continued)	Page 7
Part	Type III Non-Functionally Integrated 509(a)(3) on D - Distributions	Supporting Organizat	ions (continueu)	Current Year
				Guttenic Teal
	Amounts paid to supported organizations to accomplish examples Amounts paid to perform activity that directly furthers exem			·
2		npt purposes of support	iu i	
	organizations, in excess of income from activity	and of automated arranging	untion no.	:
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	auons	
4	Amounts paid to acquire exempt-use assets			·,
	Qualified set-aside amounts (prior IRS approval required)	· · · · · ·		· · ·
	Other distributions (describe in Part VI). See instructions.		<u> </u>	<u> </u>
	Total annual distributions. Add lines 1 through 6.	the evention is seen		· · · · · · · · · · · · · · · · · · ·
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	· · ·
	(provide details in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · · ·
9	Distributable amount for 2015 from Section C, line 6	<u></u>		· · · · · · · · · · · · · · · · · · ·
10	Line 8 amount divided by Line 9 amount		· · · · · · · · · · · · · · · · · · ·	
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
2	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
	Excess distributions carryover, if any, to 2010.			
a b			anderes de la calendaria de la composición de la composición de la composición de la composición de la composi En la composición de la composición de la composición de la composición de la composición de la composición de l	<u></u>
<u> </u>	<u> </u>		<u>n de set i para di constanti de s</u> Novembro di stato di setto di s	
d	From 2013			
e	From 2014			
<u>f</u>	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
h				
<u> </u>	Carryover from 2010 not applied (see instructions)			in in most a second second second second second second second second second second second second second second
j_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$	Maxic 2		
a				
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.		1996년 - 1996년 - 1996년 - 1996년 1997년 - 1997년 br>1997년 - 1997년 -	
5	Remaining underdistributions for years prior to 2015, if		· · ·	
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		· · · · · · · · · · · · · · · · · · ·	
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			<u> </u>
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013 ,			
	Excess from 2014			
·e	Excess from 2015			
		the second second second second second second second second second second second second second second second se	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2015

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Part VI 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 - OTHER INCOME						
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
FUNDRAISING EVENTS	7,434,415.	8,365,554.	8,909,364.	8,586,344.	9,377,668.	42,673,345.
TOTALS —	7,434,415_	8,365,554.	8,909,364.	8,586,344_	9,377,668.	42,673,345.

Schedule B	Schedule of Contributors	OMB No. 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990					
Name of the organization	Employ	er identification number				
ANTI-DEFAMATION		1818723				
Organization type (che	ck one):					
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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) (2015)

Name of organization ANTI-DEFAMATION LEAGUE

Page 2 Employer identification number 13-1818723

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,338,999.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$2,626,049.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	· · · · · · · · · · · · · · · · · · ·	\$1,375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)			Page 3	
Name of organization	ame of organization ANTI-DEFAMATION LEAGUE		Employer identification number	
				13-1818723

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
— <u> </u>		\$	
a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	(Form 990, 990-EZ, or 990-PF) (2015)			Page 4		
Name of o	rganization ANTI-DEFAMATION LEAGUE			Employer identification number		
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	the year from any ons completing Parl e year. (Enter this in	one contributor. C t III, enter the total c formation once. Se	omplete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(-) N-	Use duplicate copies of Part III if additi	onal space is neede	ed.			
(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) Transf d ZIP + 4	_	ship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I						
	(e) Transfer of gift					
	Transferee's name, address, ar	ıd ZIP + 4	Relation	ship 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) Trans	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
				······································		
		·····	for of gift			
	Transferee's name, address, a	(e) Trans		nship of transferor to transferee		
JSA			- I	Schedule B (Form 990, 990-EZ, or 990-PF) (2015		

	Political	Campaign a	nd Lobbying	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Ex	cempt From Incom	e Tax Under sectior	n 501(c) and section 52	₂ 20 15
Department of the Treasury Internal Revenue Service	 Complete if the organiz Information about Sched 	ration is described bel ule C (Form 990 or 99	ow. ► Attach to 90-EZ) and its instructi	Form 990 or Form 990-l ons is at www.irs.gov/for	
If the organization answ	ered "Yes," on Form 990, Pa ganizations: Complete Parts I-			(Political Campaign Activi	
 Section 501(c) (other 	er than section 501(c)(3)) orga	anizations: Complete P	arts I-A and C below. D	o not complete Part I-B.	
-	ations: Complete Part I-A only.				
	ered "Yes," on Form 990, Pa ganizations that have filed Fo				
• • • •	rganizations that have NOT fil	•			
If the organization answ	ered "Yes," on Form 990, P				
Tax) (see separate instru Section 501(c)(4) (ictions), then 5), or (6) organizations: Comple	te Part III			
Name of organization	or, or (o) organizations. comple			Employer ide	ntification number
ANTI-DEFAMATION	LEAGUE			13-18	18723
Part I-A Comple	te if the organization is	s exempt under s	section 501(c) or i	s a section 527 orga	nization.
	otion of the organization's o				
	ures				
3 Volunteer hours				· · · · · · · · · ·	
Part I-B Comple	te if the organization i	e avomnt under e	action 501(c)(3)		
	t of any excise tax incurred			5 ▶\$	
2 Enter the amoun	t of any excise tax incurred	by organization ma	anagers under section	on 4955 . ▶ \$	
	n incurred a section 4955				
	made?				Yes No
b If "Yes," describe	in Part IV.				
	te if the organization i				5).
	t directly expended by the				
	t of the filing organization				
527 exempt fund	tion activities			▶\$	
line 17b	nction expenditures. Add			▶\$	
5 Enter the names organization ma- the amount of p	anization file Form 1120-P , addresses and employer de payments. For each org olitical contributions receiv gregated fund or a political	identification numb janization listed, en ved that were prom	er (EIN) of all sectic ter the amount paic ptly and directly de	on 527 political organiz I from the filing organi livered to a separate p	zation's funds. Also enter olitical organization, such
(a) Name	(d)	Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			-		
(2)					
(3)					
(4)			<u>.</u>		
(5)					
(6)	· · · · · · · · · · · · · · · · · · ·				
x-7	· · · · ·				
For Paperwork Reducti	on Act Notice, see the Instru	ctions for Form 990 o	т 990-EZ.	Schedu	le C (Form 990 or 990-EZ) 2015

Sch	edule C (Form 990 or 990-EZ) 2015 ANTI-D	EFAMATION LEAGUE	13-1	.818723 Page 2
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (ele	ction under
A		belongs to an affiliated group (and list in Penses, and share of excess lobbying expen		roup member's
B	Check ► if the filing organization	checked box A and "limited control" provis	ions apply.	· · · ·
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
์1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence		· · ·	
Ċ	Total lobbying expenditures (add lines 1		· · · · · · · · · · · · · · · · · · ·	
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add	l lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the columns.	e amount from the following table in both	· · · · · · · · · · · · · · · · · · · ·	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	% of line 1f)		,
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-	··· · · · · · · · · · · · · · · · · ·	
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		· · · · · · · · · · · · · · · · · · ·
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720	
	reporting section 4911 tax for this year?	<u></u>	<u></u>	Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
2a Lobbying nontaxable amount					· .		
b Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount		·. ·					
e Grassroots ceiling amount (150% of line 2d, column (e))					· 1979 1979 - 18		
f Grassroots lobbying expenditures			· · ·				

Schedule C (Form 990 or 990-EZ) 2015

JSA

13-1818723	
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Sche	lule C (Form 990 or 990-EZ) 2015					Page 3
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			m 576		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	((a) 		(b)	<u> </u>
	ription of the lobbying activity.	Yes	No	,	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:	l - ta				
а	Volunteers?	X	:	· · · · · · · · · · · · · · · · · · ·	: · · · ·	un di
, b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			1977 - 1977 -	
C	Media advertisements?	<u> </u>	X			<u> </u>
d	Mailings to members, legislators, or the public?	X	<u> </u>			2,147
e	Publications, or published or broadcast statements?	- <u>~</u>	x		<u>_</u>	3,870
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	X			36'	2,806
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				5,925
∘h ⊧		23	x			0, 720
 i.	Other activities? Total. Add lines 1c through 1i				46	4,748
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501), or :	sectior	1	
	501(c)(6).					
					Ye	s 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?					<u> </u>
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,"	OR	(D) Pa	art III-A	, line 3, i	S
	answered "Yes."			11		
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo					
2	political expenses for which the section 527(f) tax was pald).	unta	01			
a			1	2a		
b	Carryover from last year	• • •	•••	2b		
c	Total	• • •	• • •	2c	·	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	les		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio		he			<u>.</u>
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		· .
	rt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	ed gro	up∘lis	st); Part	II-A, lines	1 and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					· .
SE	E PAGE 4					
<u> </u>						
						-

Schedule C (Form 990 or 990-EZ) 2015

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Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

PART II B

ADL HAS STAFF IN 27 OFFICES NATIONWIDE. OF THOSE BASED IN WASHINGTON, DC, ONE DEVOTED APPROXIMATELY 60% OF THEIR TIME TO LOBBYING; TWO DEVOTED APPROXIMATELY 75% TO LOBBYING AND ONE OTHER DEVOTED APPROXIMATELY 25% TO LOBBYING. 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	Supplem	ental Financial St	atomonte		OMB No. 1545-0047
(Form 990)		the organization answered "Ye		· · · · ·	2015
		, 8, 9, 10, 11a, 11b, 11c, 11d, :		2b	
Department of the Treasury		Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization	Information about Schedul	e D (Form 990) and its instruct	tions is at www.irs.	.gov/form990. Employer identificat	Inspection
ANTI-DEFAMATION	LEAGUE	· · · · · · · · · · · · · · · · · · ·		13-181872	and the second second second second second second second second second second second second second second second
and the second sec	tions Maintaining Donor Adv	ised Funds or Other Sim	ilar Funds or A		
	e if the organization answered				
· · · · ·	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised fu	inds	(b) Funds and	other accounts
1 Total number at e	nd of year				
	of contributions to (during year)				
	of grants from (during year)				<u> </u>
	at end of year.		<u> </u>		<u> </u>
· • •	ion inform all donors and donor	· · · · · · · · · · · · · · · · · · ·			
	nization's property, subject to the on inform all grantees, donors, a				
	e purposes and not for the bene				····
-	issible private benefit?				Yes No
	tion Easements.				
	e if the organization answered				
	servation easements held by the	· · —			. :: .
.,	n of land for public use (e.g., rec	reation or education)		f a historically imp	
	of natural habitat	· ·	Preservation of	f a certified histor	ic structure
· · · · · · · · · · · · · · · · · · ·	n of open space I through 2d if the organization h	old a qualified concernation	contribution in t	he form of a con-	opotion
	last day of the tax year.	eiù a qualineù conservation			End of the Tax Year
	onservation easements			2a	· · · · · · · · · · · · · · · · · · ·
	tricted by conservation easement			2b	
	rvation easements on a certified			2c	
d Number of conse	rvation easements included in (d	acquired after 8/17/06, a	and not on a		
	isted in the National Register			2d	
	rvation easements modified, tra	nsferred, released, extinguis	shed, or termina	ted by the organ	ization during the
tax year ▶			11. ►		
	where property subject to conse ation have a written policy re			n handling of	
	forcement of the conservation ea				Yes No
	hours devoted to monitoring, inspe-				
► ►		·····			
	ses incurred in monitoring, inspec	ting, handling of violations, a	and enforcing co	nservation easem	ents during the year
► \$° <u></u>					
	vation easement reported on line				
)(4)(B)(ii)?				
	ibe how the organization reports id include, if applicable, the text				
	counting for conservation easemed				
	tions Maintaining Collection				· · · · · · · · · · · · · · · · · · ·
Complet	e if the organization answered	I "Yes" on Form 990, Par	t IV, line 8.		
1a If the organizatio works of art, his	n elected, as permitted under S torical treasures, or other simi ovide, in Part XIII, the text of the t	FAS 116 (ASC 958), not to ar assets held for public	o report in its re exhibition, educ	evenue statemen ation, or researc	t and balance sheet In furtherance of
b If the organization works of art, his public service, pro-	n elected, as permitted under torical treasures, or other simi ovide the following amounts rela	SFAS 116 (ASC 958), to ar assets held for public ting to these items:	report in its re exhibition, educ	venue statement ation, or researd	and balance sheet th in furtherance of
	ided in Form 990, Part VIII, line 1				
(ii) Assets include	ed in Form 990, Part X			🕨 \$	
-	on received or held works of a				al gain, provide the
	s required to be reported under {				.*
	l in Form 990, Part VIII, line 1,. n Form 990, Part X......				
For Paperwork Reductio	n Act Notice, see the Instructions for	or Form 990.		Sch	edule D (Form 990) 2015
JSA 5E1268 1.000				•	
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	ANT	I-DEFAMATION I	EAGUE			13-18	18723	
chedule	D (Form 990) 2015						· · · _ ·	Page
Part II								
5. Us	sing the organization's acquisitio	n, accession, and c	ther records, che	ck any of the	e followin	g that are a sig	inificant us	se of its
co	ellection items (check all that appl	y):				."		
a	Public exhibition		d Loai	or exchange	programs	3		
b _	Scholarly research		e Othe	r				
c _	Preservation for future generation	rations						
Pr	ovide a description of the organ	nization's collections	and explain how	they further	the orga	inization's exem	pt purpose	in Par
XI	II. state			· · · ·				
	uring the year, did the organizatio						<u>`</u>	
	sets to be sold to raise funds rath		ained as part of the	organization	n's collecti	on?	Yes	l No
art I								
	Complete if the organizat 990, Part X, line 21.	ion answered "Yes	" on Form 990,	Part IV, line s	9, or repo	orted an amou	nt on Forn	n .
a Is	the organization an agent, truste	e, custodian or othe	er intermediary for	contributions	or other a	assets not		· · · ·
	cluded on Form 990, Part X?						Yes	
b lf	"Yes," explain the arrangement i	n Part XIII and comp	lete the following	able:		···:.		
			· ·		·	Amount		
c Be	eginning balance			1c	1 · .	1		:
	ditions during the year							
	istributions during the year							
	nding balance							
	id the organization include an am				ustodial a	ccount liability?	Yes	N
b lf	"Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanat	on has been p	rovided or	n Part XIII 🚬 🚬		. 🗆
art V	Endowment Funds.		· · · · ·					
:	Complete if the organizat	ion answered "Yes	s" on Form 990,	Part IV, line	10.		Tyri	. :: :
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Four	ears back
a Be	eginning of year balance	94,955,831.	97,116,918			82,615,358	. 80,5	82,79
	ontributions	1,471,901.	816,649	. 3,394	,086.	4,004,202	. 5,2	49,11
	et investment earnings, gains,							
		-2,864,068.	2,551,347	. 9,426	5,721.	3,994,115	1,3	58,94
	rants or scholarships	8		12	2,900.	19,500	•	26,55
	ther expenditures for facilities							
	nd programs	4,811,433.	5,529,083	4,624	,745.	1,660,419	. 1,8	31,04
	dministrative expenses	.:.				1		÷ .
	nd of year balance	88,752,231.	94,955,831	. 97,116	5,918.	88,933,756	. 82,6	15,35
-	rovide the estimated percentage	of the current year		- · .) held as:			
	oard designated or quasi-endown			ig, column (a)	/ 110/0 03.			
	ermanent endowment ► 77.0							
	emporarily restricted endowment							
	he percentages on lines 2a, 2b, a	· · · · · · · · · · · · · · · · · · ·	100%.					
	re there endowment funds not in			at are held ar	nd adminis	stered for the	1. J.	
	ganization by:		+				5	es N
	unrelated organizations						. 3a(i)	X
	i) related organizations						· - · · +	
	"Yes" on line 3a(ii), are the relat							X
	escribe in Part XIII the intended	-					•,	
art \		ipment.			110 50	- Form 000 B	ort V line	10
	Description of property	(a) Cost o	rother basis (b) Co	st or other basis	(ċ) Accu	mulated	(d) Book val	
	4		stment)	(other)	depre	ciation	. <u></u>	
	and							· · ·
	uildings							
	easehold improvements			,527,153.		1,821.		5,332
	quipment			,118,081.	6 , 75	59,906.	35	8,175
	ther		<u> </u>	·	<u> </u>			
tal. /	Add lines 1a through 1e. (Columi	n (d) must equal For	m 990, Part X, coli	ımn (B), line 1	0c.)			.3 , 507
						Sch	edule D (For	m 990) 2(
					· .	.:	1.	

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13-1818723

(a) Description of security or category) Book value	(c) Me	thod of valuation	1:
(including name of security)		1.1	Cost or en	id-of-year market	value
Financial derivatives			· · · · · · · · · · · · · · · · · · ·		
Closely-held equity interests			·	·	
Other					
(A) (B)					·
(B) (C)				···	
(D)					
(E) (E)					
(F)			<u> </u>	· · · · ·	
(G)					· · · ·
(H)					
ai. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				a e e e e e e e e e e e e e e e e e e e	
art VIII Investments - Program Related.		· · ·		-	
Complete if the organization ans	wered "Yes"	' on Form 990,	Part IV, line 11c. See	e Form 990, F	Part X, line 13.
(a) Description of investment	(b)	Book value		ethod of valuatio	
<u> </u>			Cost of ei	nd-of-year market	value
<u>1) it in it </u>			·····		
2)					
<u>3)</u> 4)					
(5)		·····		<u> </u>	
6)			· · · · · · · · · · · · · · · · · · ·		
(7)	·				
(8)		11.1	·	·	
(8)				· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	
9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			Part IV, line 11d. Se	e Form 990, I	Part X, line 15. (b) Book value
(9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans	wered "Yes'		, Part IV, line 11d. Se	e Form 990, I	
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	h Deverse man D-1		Page 4
art XI Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV,			· ···
Total revenue, gains, and other support per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	m i i i		· · · ·
a Net unrealized gains (losses) on investments	2a		
	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
B Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4h		:
		-	
c Add lines 4a and 4b	•		
art XII Reconciliation of Expenses per Audited Financial Statements Wit	th Expenses per Ret	urn.	·
Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements		1	<u></u>
Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	2a		÷ •
	2b		
	2c		
		2e	
	•••••••••••••••••		
Amounts included on Form 990, Part IX, line 25, but not on line 1.	A.		
a investment expenses not included on round body, rait vin, inc. 70 · · · · · · ·	4a	-	
h Other (Describe in Devi VIII.)	40		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b			
c Add lines 4a and 4b			
c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. by ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b; F	5 Part V, line 4; Part X	K, line
c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) rt XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; F	5 Part V, line 4; Part X	(, line
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JSA 5E1271 1.000

Schedule D (Form 990) 2015

PART V, LINE 3B

Part XIII Supplemental Information (continued)

THE ENDOWMENT FUNDS DESCRIBED IN THIS SECTION ARE OWNED BY THE ANTI-DEFAMATION LEAGUE FOUNDATION, A SEPARATE BUT RELATED 501(C)(3)CORPORATION.

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)(I) 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 BUSINESS INCOME TAX RETURN)."

SCHEDULE F (Form 990)				Outside the Unit		<u>MB No. 1545-004</u>
		•	Attach t	Yes" on Form 990, Part IV, I o Form 990.		Dpen to Public
Department of the Treasury Internal Revenue Service	Informatio	n about Schedu	le F (Form 990)	and its instructions is at www	v.irs.gov/torm990.	nspection
Name of the organization	·				Employer identific	
ANTI-DEFAMATION L			Sutatala dia 1	Inited States Complete	13-181872	
Part I General In Form 990, P			Jutsiae the L	Jnited States. Complete	ir the organization answ	eled tes on
assistance, the gran grants or assistance	tees' eligibilii ? Describe in	ty for the grant Part V the org	s or assistance	ubstantiate the amount of e, and the selection criteria ocedures for monitoring	a used to award the	X Yes
3 Activities per Regio	n. (The follow	ving Part I. line	3 table can be	e duplicated if additional sp	ace is needed.)	· · ·
(a) Region	<u></u>	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is a program service,	(f) Total expenditures
		offices in the region	employees, agents, and independent contractors	region (by type) (e.g., fundraising, program services, investments, grants to recipients	describe specific type of service(s) in region	and investme in region
· · ·	1.		In region	located in the region)		
(1) MIDDLE EAST AND NON	TH AFRICA	1	5.	PROGRAM SERVICES	SEE PART V	696,0
(2) MIDDLE EAST AND NON	RTH AFRICA			INVESTMENTS	<u> </u>	72,0
(3) EUROPE		1.	2.	PROGRAM SERVICES	SEE PART V	
· · ·						
(4) EUROPE				INVESTMENTS		36,0
(5)						
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3a Sub-total		2.	7.			880,0
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b Total from o	ontinuation					

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1 (a) Name of organization									
	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)	
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	rganizations listed above tee or counsel has provide	that are recognized as ed a section 501(c)(3) e	charities by the f quivalency letter	oreign country, re	cognized as tax	● ●			
3 Enter total number of other organizations or enuces	nizations of enuices			•			Schedule F	Schedule F (Form 990) 2015	
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Part III can be duplicated if additional space is needed.	onal space is needed	_		•			141 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of Cash disbursement	(1) Amount of non-cash assistance	(g) Description of non-cash assistance	(III) wennou or valuation (book, FMV, appraisal, other)
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Schedule F (Form 990) 2015

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Part IV Foreign Forms

Page 4

			-		
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		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
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
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes,"</i> 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
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; do not file with Form 990)		Yes	X	No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	X	Yes		No

Schedule F (Form 990) 2015

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 (INCLUDING ICELAND AND GREENLAND): 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.

	Supplemen	tal Information R	egarding	g Fundrais	sing or Gaming A	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complete if t	he organization answer	ed "Yes" on	Form 990, P	art IV, lines 17, 18, or 1	19, or if the	2015
		organization entered		or Form 990-			Open to Public
Department of the Treasury Internal Revenue Service	Information at	out Schedule G (Form				s.gov/form990.	Inspection
Name of the organization		· · · · · · · ·				Employer identificatio	n number
ANTI-DEFAMATION						13-1818723	
	ng Activities. Con I-EZ filers are not				"Yes" on Form §	990, Part IV, line	17.
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	Il that apply.	
a X Mail solicitat	ions	e			ion-government g		
	email solicitations	f			overnment grants	3	
c X Phone solicit		9	X Spe	cial fundrai	sing events		
d X In-person so							
b If "Yes," list the t	s listed in Form 990	, Part VII) or entity ividuals or entities	in connec	ction with p	rofessional fundrai	ising services?	X Yes No fundraiser is to be
(I) Name and addre or entity (fur		(II) Activity	custody	ndraiser have or control of butions?	(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		507. (s)	
1		DIRECT					
OMP		MARKETING		Х	1,979,564.	238,000.	1,741,564.
2		FUNDRAISING					
MOBILE CAUSE		SERVICES	X		102,646.	30,000.	72,646.
3							
4							
5							
6						t <u></u>	
-7							
8		•					
9			1				
10							
Total					2,082,210.	. 268,000.	. 1,814,210.
3 List all states in	which the organiza	ation is registered	or license	d to solici	t contributions or	has been notified	it is exempt from
registration or lic							
AL, AK, AZ, AR, CA, C				NM NV N			
IA, KS, KY, LA, ME, N OK, OR, PA, RI, SC, S				NPI, NI, N	C,ND,OR,		,
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Schedule G (Form 990 or 990-EZ) 2015

ANTI-DEFAMATION LEAGUE

Schedule G (Form 990 or 990-EZ) 2015

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

in the second seco	•	en en en en en en en en en en en en en e	(a) Event #1 AHF EVENT-NY (event type)	(b) Event #2 DC CONCERT (event type)	(c) Other events 94. (total number)	(d) Total events (add col. (a) through col. (c))
3				· · · · · · · · · · · · · · · · · · ·		
	1	Gross receipts	3,729,538.	1,190,328.	18,510,671.	23,430,537
		Less: Contributions	2,874,788.	279,307.	10,898,774.	14,052,869
	3	Gross income (line 1 minus	854,750.	911,021.	7,611,897.	9,377,668
-		line 2)				<u> </u>
	4	Cash prizes				
	5	Noncash prizes	······································		· · · · · · · · · · · · · · · · · · ·	
	6	Rent/facility costs	· · ·	21,000.	17,439.	38,43
	7	Food and beverages	554,415.	123,029.	2,705,138.	3,382,582
3	8	Entertainment	1,455.	113,022.	119,691.	234,16
	9	Other direct expenses	339,682.	95,418.	2,176,817.	2,611,91
		Direct expense summary. Add lines of Net income summary. Subtract line				6,267,10 3,110,56
		Gaming. Complete if the org than \$15,000 on Form 990-I	anization answered "			
5		than \$15,000 on 1 onit 330-1	- z , inte oa.			
-			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
-	1	· · · · ·	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
		Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	2	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	2	Gross revenue Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	2	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	2 3 4	Gross revenue Cash prizes Noncash prizes	(a) Bingo	bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c)
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	bingo/progressive bingo	Yes%	(d) Total gaming (add col. (a) through col. (c
	2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines	(a) Bingo	bingo/progressive bingo	Yes%	(d) Total gaming (add col. (a) through col. (c
	2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	bingo/progressive bingo	Yes%	(d) Total gaming (add col. (a) through col. (c
	2 3 4 5 6 7 8 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtr nter the state(s) in which the organization licensed to conduct	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c
a	2 3 4 5 6 7 8 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtr nter the state(s) in which the organiza	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c
	2 3 4 5 6 7 8 Els If	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtr nter the state(s) in which the organization licensed to conduct	(a) Bingo	bingo/progressive bingo bingo/progressive bingo //	Yes%	col. (a) through col. (c)

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Page **2**

	ANTI-DEFAMATION LEAGUE	13-181	.8723	
Sched	ule G (Form 990 or 990-EZ) 2015			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti		r	
	formed to administer charitable gaming?		Yes [No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool records:	(s and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives		Yes	
L	revenue?	and the	tes [
u	amount of gaming revenue retained by the third party \triangleright \$			
c	If "Yes," enter name and address of the third party:			
Ū				
	Name ►			
	Address ►	• 		
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
''a		oceeds to	5	
-	retain the state gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt org			
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, column	s (iii) and	(v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional instructions	onal infor	rmation	
	(see instructions).			
PAR	T I LINE 2B COLUMN (V)			
THE	AGREEMENTS FOR THE LISTED FUNDRAISING CONSULTANT NOTE THE MONTHLY			
RET	AINER AMOUNT FOR FUNDRAISING SERVICES. ALL OTHER PAYMENTS MADE TO THE			
PRC	FESSIONAL FUNDRAISERS ARE REIMBURSEMENTS FOR OTHER EXPENSES INCURRED.			
SUC	TH EXPENSES ARE ONLY REIMBURSED BY ADL SUBSEQUENT TO PROPER			
SUE	STANTIATION AND AUTHORIZATION. THE AMOUNT REPORTED IN COLUMN (V) IS			
	GROSS AMOUNT PAID TO THE PROFESSIONAL FUNDRAISERS.			
	I OVORD THANKI INTR'IN THE INCERPOINTE CONDUCTORYN*			

Schedule G (Form 990 or 990-EZ) 2015

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990) Control at of the Treasury Lanom wenue Service Information wenue Service Information wenue Service Information wenue Service Information DEFAMAT I ON LEAGUE DEFAMAT I ON LEAGUE Ceneral Information maintain records to a selection criteria used to award the grants at scribe in Part IV, tine 21, for any recipelogo, Part IV, tine 21, for any recipelogo, Part IV, tine 21, for any recipelogo, Part IV, tine 21, for any recipelogo, Part IV, tine 21, for any recipelogo, Part IV, tine 21, for any recipelogo, Part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, part IV, tine 21, for any recipelogo, of government of government of government of government of government of government of government of part IV (c)(3) a finiter total number of other of other of a the Instrument of the organization	SCHEDULE I	Grants ar	nd Other A	Grants and Other Assistance to Organizations,	o Organiza	tions,		OMB No. 1545-0047
Complexe true organizations Endometrial Different true organizations > Information _ Different true organizations Different true > Information > Information _ Different true organizations Different true > Complexe and Nasistance > Attack to F on so on torm and , rank much so goint and the grants or assistance, the grants or assistance assistance or assistance > Information _ Different true or and the grants or assistance _ Different true or and the grants or and the gra	Form 990)	Governmen	nts, and Ir	idividuals in	n the United	d States		2015
Impound in the second of the grants or assistance. If form \$90] and its instructions is at www.rs.gov/norm50. Employer time Derived in the organization mattern records to substratist and Assistance 13-13.13 13-13.13 Derived in the organization mattern records to substratist and Assistance 13-13.13 13-13.13 Derived in the organization mattern records to substratist and Assistance 13-14.13 13-14.13 Derived in the organization procedurers for monitoring the use of grant funds in the United Stats. 13-14.13 13-14.13 Setting and Other Assistance to commet and the parts or assistance to a substrate or assistance to a substrate or assistance to a substrate or assistance to a substrate or assistance to a substrate or assistance to a substrate or a substrate or assistance to a substrate or assistance or a substrate or a subst		Complete if the or	ganization ans	wered "Yes" on F ach to Form 990.	orm 990, Part IV,	line 21 of 22.		Open to Public
DEFINITIONIL Instance Instance Instance DEFINITIONIL Instance Instance Instance Instance DEFINITIONIL Instance <		formation about Sc	chedule I (Form	990) and its instr	uctions is at www	v.irs.gov/torm990.		IIIspecuoli
Clearest 1100 Clearest 11000 Clearest 11000 Clearest 110000 Clearest 1000000 Clearest 100	ame of the organization						Employer identific: 13-1818723	ation number
es the organization maintain records to substantiate the amount of the grants or assistance, a esterance, a esterance, a esterance a esterance?	Contraction developments Contraction on Gran	its and Assistance)] -) -) 	
The selection criteria used to award the grants or assistance? The selection criteria use of grants and Other Assistance's procedures for monitoring the use of grants and Other Assistance's procedures for monitoring the use of grants and Other Assistance's procedures to Domestic Organization and Domestic Governments. Complete if the organization answered 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990, Part IV, line 21, for any recipient in the received more than \$5,000. Part II can be duplicated if additional space is needed. 990, Part IV, line 21, for any recipient in the received more than \$5,000. Part II can be duplicated if additional space is needed. 990, Part IV, line 21, for any recipient in the received more than \$5,000. Part II can be duplicated if additional space is needed. 991, Part IV, line 21, for any recipient in the received more than an	1 Does the organization maintain record	is to substantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and [
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 930, Part IV, line 21, for any recipient that recorded more than \$5,000. Part II can be duplicated if additional space is needed. 930, Part IV, line 21, for any recipient that recorded more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of additional space is needed. (a) Name and address of organization (b) EN (a) Name of additional space is needed. (b) Name of additional space is needed. (a) Name of address of organization (b) EN (a) Name of address of organization (b) EN (a) Name of address of organization (b) EN (a) Name of address of organization (b) EN (a) Name of address of organization (b) Name of address of organization (b) State address of organization (c) State address of organization (a) Name of address of organization (b) EN (a) Name of address of organization (b) State address of organization (c) State address of organization (a) Name of address of organization (b) EN (c) Name of address of organization (c) State address of organization (a) Name of address of organization (c) Name of address of organizations listed in the line 1 table. (c) Name of address of organizations listed in the line 1 table.		e grants or assistano procedures for mon	e?	of grant funds in the	Duited States.			_
1 (a) Name and address of organization (b) EN (a) Recerption of address of organization (b) EN (a) Recerption of address of organization (b) EN (a) Recerption of address of organization (a) Recerption of address		e to Domestic Orç recipient that rec	ganizations an eived more tha	id Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	plete if the organiza ed if additional space	ttion answered "Ye se is needed.	ss" on Form
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	1 (a) Name and address of organization or government	(p) 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
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.								
Enter total number of section 601(c)(3) and government organizations listed in the line 1 table.	(2)	-						
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table					*			
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(3)					-		
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(4)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	(5)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(6)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(2)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1	(8)			E	-			
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(6)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	10)			-				
rganizations listed in the line 1 table	11)							
rganizations listed in the line 1 table	12)		į					
			t organizations	listed in the line 1 t	•			
	3 Enter total number of other organize or Banacuork Beduction Act Notice see the I	ations listed in the lit Instructions for Form 9	1e 1 table 90.	•			Sch	iedule I (Form 990) (2015)

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Part III can be duplicated if additional space is			-	-	needed.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SILLINS FAMILY FOUNDATION GRANT		10,000.			
2 KRANZBERG SCHOLARSHIP	13.	4,900.		-	
3 BODINI FOUNDATION PRIZE		5,000.			
4 KASE TEACHER EXCELLENCE AWARD	m	1,500.			
5 A TRIBUTE TO MORAL COURAGE ESSAY CONTEST		1,700.			
6 HEROISM AWARD	e e e	15,000.			
Part IV Supplemental Information. Complete this pa information. PART I LINE 2	nis part to prov	ide the informat	tion required in	Part I, line 2, Part III, co	rt to provide the information required in Part I, line 2, Part III, column (b), and any other additional
THE FURPOSE FOR THE AWARDS LISTED IN PA	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 PRO	PROCEDURES TO	TO MONITOR THE	THE USE OF	·	
THESE FUNDS. HOWEVER, EACH TYPE OF AWA!	AWARD HAS A ST	STRUCTURED SELECTION	ECTION		
PROCESS.					
PART III LINE 1(A) THE SILLINS FAMILY FOUNDATION GRANT WAS AWARDED TO ONE	FOUNDATION	GRANT WAS AW	ARDED TO ON	E	
INDIVIDUAL WITH THE PURPOSE FOR HIM TO	TO PURSUE HIS	EDUCATIONAL WORK	WORK		
REGARDING THE NEED FOR UNITED NATIONS I	REFORM, ESP	ESPECIALLY AS I	IT AFFECTS		

Part III Grants and Other Assistance to Individual Part III can be duplicated if additional space	duals in the Un ace is needed.	lited States. Co	mplete if the o	rganization answered	s in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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
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information. Jewish concerns such as peace in the middle east, international	MIDDLE EAST,	INTERNATIONAL	IAL		
TERRORISM, HUMAN RIGHTS, AND NEW AND RENEWABLE SOURCES OF ENERGY.	ENEWABLE SC	URCES OF ENI	ERGY.		
PART III LINE 2(A)					
THE KRANZBERG SCHOLARSHIP WAS ESTABLISHED		TO EDUCATE THE NEXT GENERATION	r generatio	Л	
OF ACTIVISTS AND ENCOURAGE YOUTH TO WORK	DRK WITH ADL AS		THEY ENTER COLLEGE		
AND BEYOND.					
					Schedule I (Form 990) (2015)

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ANTI-DEFAMATION LEAGUE					13-1818723
Part II Grants and Other Assistance to Individual Part III Can be duplicated if additional space	luals in the Un ice is needed.	ited States. Col	mplete if the o	s in the United States. Complete if the organization answered "Yes" is needed.	on Form 990, Part IV, line 22.
(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
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7 Part IV Supplemental Information. Complete this p information	is part to prov	vide the informat	tion required in	Part I, line 2, Part III,	art to provide the information required in Part I, line 2, Part III, column (b), and any other additional
PART III LINE 3(A)					
THE BODONI FOUNDATION PRIZE IS AN ANNUAL		AWARD TO TWO STUDENTS AND ONE	IS AND ONE		
EDUCATOR DEEMED MOST DESERVING EMBODYING	THE	IDEALS OF DIVERSITY	SITY.		
PART III LINE 4(A)					
THE KASE TEACHER EXCELLENCE AWARD PAYS	TRIBUTE TO	THREE	EDUCATORS FOR		
THEIR OUTSTANDING EFFORTS TO CREATE AN	ATMOSPHERE	IN OUR	SCHOOLS THAT		
REJECTS FREDJUDICE AND REGARDS DIVERSITY	AS A	STRENGTH.			

Schedule I (Form 990) (2015)

NIT - DEFAMATION LEAGUE Schedule ( form 990) (2015) 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. Deri III can be dunicated if additional snare is needed	luals in the Ur	ited States. Co	mplete if the o	rganization answered	Page 2 "Yes" on Form 990, Part IV, line 22.	)
(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 1
-						
2						1
ß						
4						1
Q						
9						
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.	is part to prov	vide the informat	tion required in	Part I, line 2, Part III, c	olumn (b), and any other additional	. 1
PART III LINE 5(A)						
THE TRIBUTE TO MORAL COURAGE ESSAY CONT	CONTEST AWARDS ARE		FINANCIAL AWARDS			
GIVEN TO SIX STUDENTS FOR WINNING A WRI	ITING CONTE	WRITING CONTEST BASED ON THE	THE		,	
HOLOCAUST TO EDUCATE STUDENTS ABOUT THE	E RAMIFICAI	THE RAMIFICATIONS OF PRESENT DAY	SENT DAY			
STEREOTYPING, PREJUDICE, RACISM AND ANTI-SEMITISM.	TI-SEMITISN	τ.				
					Schedule I (Form 990) (2015)	~

ANTI S S PAGE 78

Schedule I (Form 990) (2015) Part III Grants and Other Assistance to Individual Part III can be duplicated if additional space	iduals in the Un ace is needed.	ited States. Co	mplete if the o	ganization answered	s in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(c) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
n					
4					
OL I					
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	;				
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.	this part to prov	ride the information	tion required in	Part I, line 2, Part III, c	column (b), and any other additional
PART III LINE 6(A)					
THE HEROISM AWARD WAS PRESENTED TO THREE		INDIVIDUALS WHO STOOD UP TO HATE	DD UP TO HAT	E	
AND TO THOSE WHO WOULD DEPRIVE OTHERS OF	OF THEIR FREEDOM.	EEDOM.			
	·				

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Schedule 1 (Form 990) (2015)

## 13-1818723

					t di				
SCHE	DULE J	C C	ompens	ation In	formatio	n	0	/IB No. 1	545-0047
(Forn	n 990)		fficers, Directo	rs, Trustees,	Key Employees			എന	12::
		Complete if the		ensated Emp nswered "Ye		, Part IV, line 2	3.	ZU	
	ent of the Treasury	Information about Sch	Atta	ch to Form 9	90.		C		Public
	Revenue Service	Information about Sch	eaule J (norm	990) and its i	nstructions is a	(www.irs.gov/	Employer identification		ection
	-DEFAMATI	ON LEAGUE			i.		13-181872		
Part		s Regarding Compensat	ion						
			:				· · · · ·		Yes No
1a		propriate box(es) if the organ	and the second second second second second second second second second second second second second second second				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec		
	990, Part VII,	Section A, line 1a. Complete	Part III to pro	vide any rel	evant informa	tion regarding	g these items.		
		ss or charter travel					personal use		
		or companions			s for business				
		emnification and gross-up pa	yments	-1	social club d				
	Discretion	onary spending account		Persona	services (e.g.	., maid, chauf	feur, chef)		
b	If any of the	boxes on line 1a are chec	ked, did the	organizatior	follow a wri	tten policy r	egarding payment		
		ment or provision of all	of the expe	nses descr	bed above?	If "No," con	nplete Part III to		X
~	explain		China and a second	 	n n n aitiú	••••		1b	
2		anization require substanti stees, and officers, includin							
	1a?	stees, and onicers, includin			rector, regard	ing the item	IS CHECKED IN MIC	2	x
•				· · · · · · · · · · ·	· · · · · · · · · · · ·		•••••••••••		
3 . :		h, if any, of the following the CEO/Executive Director. C							
		ization to establish compension							
	·	nsation committee		-	employment c	•			
	- · ·	dent compensation consulta	ant 🗌		sation survey				
		0 of other organizations	·····	·	•		ation committee		
4		ar, did any person listed on			· · · ·	•			
4	organization	or a related organization:	FUIII 990, F	an vii, Seci		with respect			
а		verance payment or change-	of-control pay	ment?				4a	X
b	Participate in	, or receive payment from, a	a supplement	al nonqualifie	ed retirement p	lan?		4b:	<u>:</u> X
С	Participate in	, or receive payment from, a	an equity-base	d compensa	tion arrangem	ent?		4c	
	If "Yes" to an	y of lines 4a-c, list the pers	sons and prov	ide the app	licable amour	nts for each	item in Part III.		
	·								
	-	501(c)(3), 501(c)(4), and 50							
5	-	isted on Form 990, Part VII		ne 1a, did th	e organization	pay or accrue	e any		
		n contingent on the revenue			· · ·				
		lion?						5a:	
b		rganization?		••••		• • • • • • •	••••••	.5b	
•		e 5a or 5b, describe in Part I		4 114					
6		listed on Form 990, Part VII		ne 1a, did th			e any		
		n contingent on the net earn lion?						6a	
a L		rganization?						6b	
b		nganization7 ne 6a or 6b, describe in Part I		•••••	• • • • • • • •				
				A 1145 4-			uide any non-firma		
1		listed on Form 990, Part t described on lines 5 and 6						7	x
8		ounts reported on Form 99						<u> </u>	
		I contract exception des							
				•				8	
9		line 8, did the organizatio							
-		section 53.4958-6(c)?						1	Contraction of the local division of the loc

ANTI-DEFAMATION LEAGUE

13-1818723

Page 2

# Schedule J (Form 990) 2015

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

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

individual.								
		(B) Breakdown of W-2	f W-2 and/or 1099-MISC compensation	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)	in column (B) reported as deferred on prior Form 990
ABRAHAM FOXMAN	Ξ	342,245.	0.	104,503.	.0	28,795.	475,543.	0.
ND U:7/15 ND EMERITUS A:7/15	Ē	342,245.	.0	104,503.	.0	28,794.	475,542.	0.
JONATHAN GREENBLATT	ε	134,975.	0.	33,690.	0	19,533.	188,198.	0
ZCEO/NAT'L DIRECTOR (AS OF 7/15	: @	134,975.	0.	33, 690.	.0	19,532.	188,197.	0
CLIFFORD SCHECHTER	ε	243,253.	0	219.	5,068.	31,369.	279,909.	0.
$_{3}$ CHIEF OPERATING OFFICER		42,927.	.0	39.	894.	5,536.		0
MICHAEL A KELLMAN	e	152,877.	0.	3,931.	3,578.	22,142.	- N	0.
CHIEF FINANCIAL OFFICER	: 6	101,918.	.0	2,621.	2,385.	14,762.	- N	0.
NINA HANAN	ε	135,602.	.0	135,260.	3,578.	8,766.	283,206.	0.
SDIRECTOR OF DEVELOPMENT		90,402.	0.	90,173.	×	5,845.	_ <b>_</b> _	0.
IRA ROBERT WOLFSON	ε	214,246.	.0	2,858.	4,952.	16,488.	238,544.	0.
ASSOC. NAT. DIR. OF REG. OPER.		0	.0	.0	.0	0.	0.	0.
DEBORAH G LAUTER	Ξ	193,530.	.0	1,258.	4,544.	34,355.	233, 687.	0.
PDIRECTOR OF CIVIL RIGHTS	€	0	0.	0.	0.	.0		0.
MICHAEL ALAN SALBERG	Ξ	205,219.	.0	264,198.	5,626.	36,904.	511,947.	0
BDIRECTOR INT'L AFFAIRS	•	0	0	.0	.0	0	0	0
KENNETH JACOBSON	ε	239,188.	.0	1,236.	5,424.	13,938.	259,786.	.0
<b>ODEPUTY NATIONAL DIRECTOR</b>		.0	0	0	0.	.0	.0	0.
EVAN BERNSTEIN	ε	229,327.	.0	60.	5,327.	34,355.	269,069.	0.
ONEW YORK REGIONAL DIRECTOR		0	.0	.0	.0	.0	0.	0.
AMANDA F SUSSKIND	ε	223,478.	0	258.	5,111.	15,738.	244,585.	0.
I.A. REGIONAL DIRECTOR	1	0	.0	0	0.	.0	.0	0.
LONNIE J NASATIR	ε	207,950.	0	.06	4,925.	37,854.	250,819.	0
1 CHICAGO REGIONAL DIRECTOR	E	0.	0	0.	0.	.0	0	0
DAVID S WAREN	e	204,349.	.0	138.	4,822.	36,905.	246,214.	0.
	9	0	0.	0.	0	.0		0.
STEVEN C SHEINBERG	ε	88,285.	9,000.	45.	2,284.	17,677.	- NI	•
	8	88,285.	9,000.	45.	2,284.	17,677.	117,291.	.0
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	ε					-		
16	(II)							
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ANTI-DEFAMATION LEAGUE	13-1818723
	Page 3
Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a Also complete this part for any additional information.	3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.
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.	
PART I LINE 4A	
DURING THE YEAR, SEVERANCE PAYMENTS WERE PAID TO INDIVIDUALS LISTED IN	
THE FORM 990, PART VII, SECTION A. IN ORDER TO PROTECT THE	
CONFIDENTIALITY AGREEMENT ENTERED INTO, THE NAMES HAVE NOT BEEN	
DISCLOSED.	
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. IT WAS IN RECOGNITION OF HIS SIGNIFICANT VALUE TO	
ADL AND THE ADL FOUNDATION AT THAT TIME AND GOING FORWARD AND HIS FIFTY	
YEARS OF INVALUABLE AND TIRELESS SERVICE, INCLUDING 25 YEARS AS A	
NATIONAL DIRECTOR. THE SERP IS A RETIREMENT BENEFIT THAT IS PAID OUT OVER	
	Schedule J (Form 990) 2015
JSA 5E15051.000 12840P 700J 11/14/2016 2:03:16 PM V 15-7F	PAGE 82

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LEAGUE	
NTI-DEFAMATION	

Page 3

Schedule J (Form 990) 2015

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.

METHODOLOGY AND RELIED UPON INDEPENDENT EXPERTS WHO ADVISED THAT THE SERP Ц LIABILITY ON ADL'S BALANCE SHEET. THE SERP WAS APPROVED BY ADL'S AND ADL (AND THE OVERALL COMPENSATORY PACKAGE) WAS REASONABLE IN LIGHT OF MARKET TIME. \$148,517 WAS PAID DURING THE YEAR ENDED DECEMBER 31, 2015 AND THE THE COMMITTEE IS REMAINING BENEFIT IS INCLUDED IN THE LONG TERM PENSION OBLIGATIONS FULLY INDEPENDENT AND DISINTERESTED BODY. IT WAS RIGOROUS IN ITS FOUNDATION'S JOINT EXECUTIVE COMPENSATION COMMITTEE. COMPARABILITY DATA.

PART I, LINE 7

REPORTABLE NON-FIXED PAYMENT, REPRESENTING A ONE-TIME PERFORMANCE BONUS

WAS PAID TO STEVEN C. SHEINBERG IN THE AMOUNT OF \$18,000.

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Schedule J (Form 990) 2015

Department of the freesury		(d) Com	·
Name of the organization       Employer Identification in 13-1818723         ANTI-DEFAMATION LEAGUE       13-1818723         Part I       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 1         (a) Name of disqualified person       (b) Relationship between disqualified person and organization	IMDEL		·
ANTI-DEFAMATION LEAGUE       13-1818723         Part I       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 1         1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction			;
Part I         Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line           1         (a) Name of disqualified person         (b) Relationship between disqualified person and organization         (c) Description of transaction	e 40b.		
(a) Name or disqualmed person organization (c) Description or transaction	. :		
(1)	-	169 1	ncted?
		-	<u> </u>
(3) <u>(4)</u> <u>(4)</u> <u>(4)</u> <u>(4)</u>	<u></u>	┞╴┞	<u> </u>
(5)	;		<u> </u>
(6)	:		<del></del>
under section 4958	r if the		
(a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) App by boa	rd or   agi	Writte	
ATTACHMENT 1 Commi	tee? No Ye	ns N	No
(1)			
(2)			· <u></u>
		1.	
(7) (8)			
(9)		. :	
			••••
Total & 10.595	- 14 - 14 - 14	1.14	
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.			·
(a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose (e) Purpose	of assist	ance	
(1)			
			•
(3)	<u> </u>		<u>.</u>
	·		
(7)		· · · ·	
(9) (10)			
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form	190 or 99	0.E7)	201

Page **2** 

Schedule L (Form 990 or 990-EZ) 2015

**Business Transactions Involving Interested Persons.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction interested person and the transaction organization's organization revenues? Yes No (1) х MICHAEL SALBERG SEE PART V 511,947. EMPLOYMENT х (2) GROSSMAN MARKETING GROUP SEE PART V 47,904. PAYMENT FOR MARKETING SERVICES (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 (NATIONAL

COMMISSIONER).

PART IV LINE 2(B)

GROSSMAN MARKETING GROUP IS 25% OWNED BY DAVID GROSSMAN (NATIONAL

COMMISSIONER), 25% OWNED BY HIS BROTHER, AND 50% OWNED BY HIS FATHER.

PART IV

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

Part IV	Business Transactions Involvi Complete if the organization answ		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	<b>(e)</b> Sha organiz reven	zation's
					Yes	No
(1)						
(2)						l
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
0)						
Part V	Supplemental Information Provide additional information for	responses to questions on Sc	hedule L (see inst	ructions).		

SCHEDULE L, PART II								
Dendrode by the								
NAME	RELATIONSHIP	PURPOSE	TO FROM	ORIGINAL	BALANCE DUE	ΥN	ΥN	ΥN
DEBORAH LAUTER	KEY EMPLOYEE	HOUSING ASSISTANCE	Х	15,000.	10,595.	Х	Х	х

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## SCHEDULE M (Form 990)

## Noncash Contributions

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

Attach to Form 990,

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

Department of the Treasury Internal Revenue Service Name of the organization

ANTI-DEFAMATION LEAGUE

Inspection Employer identification number

OMB No. 1545-0047

**Open To Public** 

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	I-DEFAMATION LEAGUE		·		13-1818723
Par	t Types of Property		· · · · · · · · · · · · · · · · · · ·		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art.				
2	Art - Historical treasures			· · · · ·	
3	Art - Fractional interests				-
4	Books and publications			· · · · · · · · · · · · · · · · · · ·	
5	Clothing and household				· · · · · · · · · · · · · · · · · · ·
•.	goods				
6	Cars and other vehicles				
7	Boats and planes,			· · · · · · · · · · · · · · · · · · ·	
8	Intellectual property			· · · ·	· · · · · · · · · · · · · · · · · · ·
9	Securities - Publicly traded	X	181.	2,092,313.	MEAN, DATE OF CONTR.
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,	<u></u>	<u> </u>		
••	or trust interests				·
12	Securities - Miscellaneous				
13	Qualified conservation			· · · · · · · · · · · · · · · · · · ·	1
15	contribution - Historic			· · · ·	· · · · · · · · · · · · · · · · · · ·
	structures			· · · ·	
14	Qualified conservation				
••	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial		·····	· · ·	· · · · · · · · · · · · · · · · · · ·
17	Real estate - Other			· · · ·	
18	Collectibles.		····	<u></u>	
19	Food inventory			· · · · · · · · · · · · · · · · · · ·	
20	Drugs and medical supplies				
20			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
21					
	Historical artifacts		····		·
23	Scientific specimens		· · · · · · · · · · · · · · · · · · ·		
24	Archeological artifacts		0.07	0.05 0.00	
25	Other ►( EVENT RELATED )	X	297.	385,003.	DONOR PROVIDED VALUE
26	Other ►()				• · · · · · · · · · · · · · · · · · · ·
27	Other ►()		· · · · · · · · · · · · · · · · · · ·	<u></u>	· · · ·
28	Other ▶()		······································		
29	Number of Forms 8283 received				
	which the organization completed f	⁻ orm 8283,	Part IV, Donee Acknowledg	ement	29
					Yes No
30a	During the year, did the organizat				
	28, that it must hold for at least th				
	to be used for exempt purposes for		olding period?		30a X
b	If "Yes," describe the arrangement in		:		
31	Does the organization have a				
	contributions?				
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or	sell noncash
	contributions?				
b	If "Yes," describe in Part II.	i		4 - 4	
33	If the organization did not report an	n amount in	column (c) for a type of pro	perty for which column (	a) is checked,
<u> </u>	describe in Part II.				

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

Schedule M (Form 990) (2015)

JSA

Page 2

Schedule M (Form 990) (2015)

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

PART 1, LINE 9 COLUMN (B)

EACH STOCK GIFT IS COUNTED AS A SEPARATE CONTRIBUTED ITEM.

PART 1 LINE 25 COLUMN (B)

THE AMOUNT REPORTED REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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



Open to Public

Inspection

Employer identification number 13-1818723

ANTI-DEFAMATION LEAGUE

FORM 990, PART III, LINE 4D PROGRAM SERVICE EXPENSES: \$10,943,616 GRANTS AND ALLOCATIONS: \$15,000

INTERNATIONAL AFFAIRS AND INTERFAITH PROGRAMS (EXPENSES \$4,692,355)-MAINTAINS CONTACTS THROUGHOUT EUROPE, LATIN AMERICA, THE MIDDLE EAST, 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 EDUCATIONAL PROGRAMS ON THE MIDDLE EAST 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.

LEADERSHIP (EXPENSES \$2,360,813) - THE LEADERSHIP DIVISION IS RESPONSIBLE FOR ATTRACTING, EDUCATING AND CULTIVATING ADL LEADERS BY HOSTING SEVERAL ANNUAL NATIONAL MEETINGS, PROVIDING PERIODIC E-MAIL AND PRINT

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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.

MARKETING AND COMMUNICATIONS (EXPENSES - \$3,890,448) - PRESENTS THE PUBLIC FACE OF ADL THROUGH COMMUNICATIONS TO THE NEWS MEDIA, INTERNET INITIATIVES, SOCIAL MEDIA 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;

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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; LOUISE P HOMBURGER & 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 2016 MEETING. SUBSEQUENT TO THE MEETING, AN EMAIL WAS SENT TO ADL'S NATIONAL COMMISSION PROVIDING THEM WITH A COPY OF THE FORM 990 FOR THEIR REVIEW BEFORE IT IS FILED WITH THE IRS ON OR ABOUT NOVEMBER 15, 2016.

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FORM 990, PART VI, SECTION B, LINE 12C
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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

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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 CEO/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.

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FORM 990, PART VI, SECTION B, LINE 15B
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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.

FORM 990, PART VI, SECTION C, LINE 19 THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL

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FOUNDATION AND THE ANNUAL REPORT ARE MADE AVAILABLE TO THE PUBLIC THROUGH 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 \$1,854,730 CONSISTS OF THE FOLLOWING AMOUNTS NOT REPORTED ON THE FORM 990; PENSION CREDIT OTHER THAN NET PERIODIC BENEFIT COST IN THE AMOUNT OF \$391,680 AND A PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE IN THE AMOUNT OF \$1,463,050 (BOTH REPORTED ON THE LEAGUE'S STATEMENT OF ACTIVITIES, ATTACHED TO THE AUDITED FINANCIAL STATEMENTS).

## 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

Schedule O (Form 990 or 990-EZ) 2015

ATTACHMENT 1

Page 2
Employer identification number
13-18187 <u>23</u>
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ATTACHMENT 2 (CONT'D)

UNITED STATES. EACH REGIONAL OFFICE CARRIES OUT THE LEAGUE'S AGENDA IN ITS DESIGNATED GEOGRAPHIC AREA. THE REGIONAL OPERATIONS 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 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

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ATTACHMENT 3 (CONT'D)

ASSOCIATIONS, RELIGIOUS ORGANIZATIONS, YOUTH SERVICE PROVIDERS AND OTHER LEARNING VENUES. IN 2015, ADL EDUCATION PROGRAMS WERE DIRECTLY DELIVERED TO OVER 77,000 CHILDREN AND ADULTS. THE EDUCATION DIVISION PROGRAMS HAVE POSITIONED ADL AS A LEADER IN BULLYING AND CYBER BULLYING PREVENTION, DIRECTLY REACHING ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS AND EDUCATORS WITH IN-DEPTH TRAINING AND RESOURCES.

ATTACHMENT 4

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

CIVIL RIGHTS - 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 2015, ADL RESPONDED TO MORE THAN 1,800 CONSTITUENT COMPLAINTS ABOUT INTERNET HATE. ADL PROVIDED MORE THAN 500 EXTREMIST-RELATED ASSISTS TO LAW ENFORCEMENT AND MORE THAN 14,000 LAW ENFORCEMENT PROFESSIONALS PARTICIPATED IN ADL'S TRAINING PROGRAMS FOCUSED ON EXTREMISM, HATE CRIMES AND ANTI-BIAS. THROUGH 2015, THE TOTAL NUMBER OF GRADUATES OF ADL'S "ADVANCED TRAINING SCHOOL EXTREMIST AND TERRORIST THREATS COURSE" FOR LEADERS IN THE LAW ENFORCEMENT COMMUNITY TOTALS 1,000, AND MORE THAN 100,000 LAW ENFORCEMENT PRESONNEL HAVE PARTICIPATED IN ADL'S LAW ENFORCEMENT AND SOCIETY TRAINING CONDUCTED IN COOPERATION WITH THE U.S. HOLOCAUST MEMORIAL MUSEUM. IN 2015, THE

Name of the organization		ntification number 318723
· · ·	ATTACHMEN	NT 4 (CONT'D)
LEGAL AFFAIRS DEPARTMENT FILED 16 AMICUS BRIEFS P	ROMOTING ADL'S	
AGENDA ON A RANGE OF ISSUES. AS PARTICIPANTS IN AN	DL'S UNIQUE	
SUMMER ASSOCIATE RESEARCH PROGRAM, MORE THAN 300 1	LAW STUDENTS	
WORKING AT OVER 115 LAW FIRMS IN 12 DIFFERENT REG	IONS WORKED	
CLOSELY WITH ADL REGIONAL OFFICES TO PRODUCE MEMO	RANDA ON	
IMPORTANT ADL ISSUES.		
	ATTACHME	<u></u>
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	ATTACIME	<u> </u>
AUSTRIA		
ISRAEL		
	ATTACHME	NT 6
FORM 990, PART VI, LINE 17 - STATES	<u></u>	
AL,AK,AZ,AR,CA,CO,CT,		
FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,		
MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,		
RI,SC,TN,VA,WA,WV,WI,		
	ATTACHME	אד <u>7</u>
990, PART VII- COMPENSATION OF THE FIVE HIGHEST H		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FIRST INTERNATIONAL	POLLING SERVICE	1,637,150
ONE PARKER PLAZA, SUITE 12 FORT LEE, NJ 07024		
CENTURYLINK PO BOX 52187	NETWORK SERVICES	365,159
JSA	Schedu	lle O (Form 990 or 990-EZ

Schedule O (Form 990 or 990-EZ) 2015

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Schedule O (Form 990 or 990-EZ) 2015		<u></u>	Page 2
Name of the organization		Employer identification number	
ANTI-DEFAMATION LEAGUE		13-1818723	
	=	ATTACHMENT 7 (CONT'D	)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTO	<u>RS</u>	
NAME AND ADDRESS	DESCRIPTION OF SE	RVICES COMPENSATI	ION
PHOENIX, AZ 85072			
605 CLEANING SERVICES CO. 299 PARK AVENUE NEW YORK, NY 10171	MAINTENANCE/CLEA	NING 336,5	19.
OMP 1133 19TH STREET, NW, SUITE 300 WASHINGTON, DC 20036	CREATIVE SERVICE	S 240,2	13.
BLACKBAUD PO BOX 930266 ATLANTA, GA 31193	WEB SERVICES	277,3	95.

Department of the Treasury Internet Services     Information about Schedule R (Fc Name of the organization ANT I – DEFEMATION LEAGUE       ANT I – DEFEMATION LEAGUE     Information about Schedule R (Fc I dentification of Disregarded Entities Complete if the organization (a)       Name, address, and EIN (if applicable) of disregarded entity       (1)       (2)       (3)       (4)       (6)       (6)       (7)       (7)       (8)       (9)       (10)       (11)       (22)       (33)       (4)       (6)       (7)       (8)       (9)       (10)       (11)       (12)       (12)       (13)       (14)       (16)       (16)       (17)       (18)       (18)       (19)       (10)       (11)       (11)       (12)       (12)       (13)       (14)       (16)       (16)       (17)       (18)       (18)       (19)       (110)       (110)       (1110)       (1110)       (1110)	990)           1           1           1	and its instructions is // // // // // // // // // // // // //	Torm 990, Part N Form 990, Part N Legal domicile (state or foreign country)	/, line 33. Total income	Employer identification 1.3-1818723 End-of-year assets Direct	Inspection number 1.3 – 1.81.8723 ear assets Direct controling earty
IT-DEFAMATION       LEAGUE         Identification of Disregarded Entities Complete if Identification of Disregarded Entities Complete if Identification of Related Tax-Exempt Organization of Relat	the organization answe	ered "Yes" on Fo	irm 990, Part IV egal domicile (state or foreign country) ar foreign country)	/, lline 33. Total income	Employer Ide 13 - 181 End of year assets 13 - 181 (e) 2 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 13 - 181 14 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181 15 - 181	8723 Breet controll Direct controll
Identification of Disregarded Entities Complete if lame, address, and ElN (if applicable) of disregarded entity         Name, address, and ElN (if applicable) of disregarded entity         Identification of Related Tax-Exempt Organization         Identification Intervence       I3-288743         Identification Intervence       I3-288743         Identification       I3-288743         Identification       I3-309574	the organization answe	ered "Yes" on Fo	irm 990, Part N egal domicile (state or foreign country) Fred "Yess" on F	/, line 33. Total income	End-of-year assets	Direct controll
ad-line ADLF CC	Complete if the org	imary activity L	egal domicile (state or foreign country) Fred "Yes" on F	Total income	(e) End-of-year assets	Direct controll
ANTI'DE CONTRACTOR	S Complete if the org	anization answe	red "Yes" on F	om 990. Part IV		
ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER ANTI-TER	S Complete if the org	anization answe	red "Yes" on F	orm 990. Part IV		
ADIF CC	s Complete if the org	anization answe	red "Yes" on F	orm 990. Part IV		
ANTI DE COLLEGE	s Complete if the org	anization answe	red "Yes" on F	orm 990. Part IV		
ANTI DE ANTI CUL	s Complete if the org	anization answe	red "Yes" on F	orm 990, Part IV		
	s Complete if the org	anization answe	red "Yes" on Fo	orm 990, Part IV	1 line 31 horalise	, , , , ,
	s Complete if the orga	anization answe	red "Yes" on Fo	orm 990, Part IV	/ line 24 hereitee	
(a)       (a)         Name, address, and ElN of related organization         (1)       ANTI-DEFAMATION LEAGUE FOUNDATION         605       THIRD AVENUE         605       THIRD AVENUE         13-288743         (2)       ADLF COMMON FUND         13-3095748	מ תוב ומצ אבמו.				לי ווות טל טקטמעסק	e it had
13-288743 NEW YORK, NY 10158 13-309574	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<ul> <li>Direct controlling</li> <li>entity</li> </ul>	(g) Section 512(b)(13) controlled entity?
13-288743 NEW YORK, NY 10158 13-309574						Yes No
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605 THIRD AVENUE NEW YORK, NY 10158	SUPPORT ADL	NY	201 (C) (3)	ль.	ЧЛИ	~
(3)						
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ANTI-DEFAMATION LEAGUE

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Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     Main     Main       Main     Main     Main     Main     M	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominar income (relat unrelated, excluded fro tax under tax under sections 512-		(f) are of total income	(g) Share of end-o year assets			Gene mana part	r	k) entage srship
Identification of Related Organizations trated or a comportation of rules (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" on F or 100 Per life (if the organization arswered "Yee" or 100 Per life (if the organization arswered "Yee" or 100 Per life (if the organization arswered "Yee" or 100 Per life (if the organization arswered "Yee" or 100 Per life (if the organization area to the organization of the tax per life (if the organization arswered "Yee" or 100 Per life (if the organization arswered "Yee" or 100 Per life (if the organization area to the organization of the tax per life (if the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization area to the organization are	3										Yes No	•	
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, inte 34 because it had one or more related organizations trateded as a Corporation of trust during the tax year.     00, Part IV, inte 34 because it had one or more related organizations trateded as a corporation of trust during the tax year.       Inte 34 because it had one or more related organizations trated or or more related organizations trated as a corporation of trust during the tax year.     00, Part IV, interview it had one or more related organizations trust during the tax year.       Name, address, and EN or related organization     (b)     (c)     (c)     (c)       Name, address, and EN or related organization     (c)     (c)     (c)     (c)       Name, address, and EN or related organization     (c)     (c)     (c)     (c)       Name, address, and EN or related organization     (c)     (c)     (c)     (c)       Name, address, and EN or related organization     (c)     (c)     (c)     (c)       Name, address, and EN or related organization     (c)     (c)     (c)     (c)       Name, address, and EN or related organization     (c)     (c)     (c)     (c)       Name, address, and EN or related organization     (c)     (c)     (c)     (c)       Name, address, and EN or related organization     (c)     (c)     (c)     (c)	(5)												
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV.         Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.         Name, address, and ElN or related organizations treated as a corporation or trust during the tax year.         Name, address, and ElN or related organizations treated as a corporation or trust during the tax year.         Name, address, and ElN or related organizations treated as a comporation or trust during the tax year.         Name, address, and ElN or related organization         Primary activity       Loss (entroling the tax year.         Name, address, and ElN or related organization         Primary activity       Loss (entroling the tax year.         Name, address, and ElN or related organization         Primary activity       Type (of entry)         Name, address, and ElN or related organization         Name, address, and ElN or related organ													
Name. address. and EN or leated organization       Primary activity (atta or organization)       Les of condinies (atta or organization)       Primary activity (atta or organization)       Name. of condinies (atta or organization)       Name. of condinies       Name. of condies       Name. of condinies		ed Organization	s Taxable ated orga	e as a Corporation anizations treated	on or Trust ( l as a corpor	Complete if ation or true	the orga st during	nization answ the tax year.	ered "Ye	s" on Form 99	0, Part IV	γ,	
	(a) Name, address, and EIN	of related organization		(b) Primary act	(c) Ivity Legal dom (state or fo country	icie Direct co reign ent	) ntrolling ity ((	(e) Type of entity Corp, S corp, or trust)	(f) Share of t income			(h) centage nership	Sect Sect
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Part V Transactions With Related Organizations Complete if the organization answered Yes	ON FORM 990, Part IV, line 34, 330, 01	IV, III IE 34, 330, 01 30.	- - -	-
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	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?	ted organizations list	ted in Parts II-IV?		
a Receipt of (f) interest. (ii) annuities. (iii) rovalties, or (iv) rent from a controlled entity.			<b>1</b> a	×
		•	1b	×
			1c X	
			× F	
d Loans or loan guarantees to or for related organization(s)			_	
e Loans or loan guarantees by related organization(s)			諸ない	
		• •		
<ul> <li>Dividende from related orozanization(s)</li> </ul>	•		1f	×
			10	×
			4	×
h Purchase of assets from related organization(s),	•			
i Exchange of assets with related organization(s),	•		= =	*  >
j Lease of facilities, equipment, or other assets to related organization(s),				
			1 F	
k Lease of facilities, equipment, or other assets from related organization(s)	•		<u> </u>	
I Performance of services or membership or fundraising solicitations for related organization(s)				
m Performance of services or membership or fundraising solicitations by related organization(s).	• • • • • • • • • •			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		• • • • • • • • • • • •	_	
o Sharino of paid employees with related organization(s)	•••••••••••••••••••••••••••••••••••••••		10 X	
<ul> <li>Dow kursement haid to related ormanization(s) for exhenses</li> </ul>	•	•	1p	X
		-	19 X	
			1	×
r Other transfer of cash or property to related organization(s).		• • • • • • • • • • •		×
S Other transfer of cash or property from related organization(s)	line including cove	must complete this line including covered relationships and transaction thresholds	action thresholds.	-
			(4)	
(a) Name of related organization	(b) Transaction	Amount involved	Method of determining	ĝni
	(grad) (grad)			
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	C.	5,338,999.	ACTUAL	
ANTI-DEFAMATION	Ы	4,000,000.	ACTUAL	
ANTT-DEFAMATION LEAGUE	, , ,	4,000,000.	ACTUAL	i
NOTTEN ABO-THNK	Ж	291,946.	ACTUAL	
	· .			
(5) ANTI-DEFAMATION LEAGUE FOUNDATION	Ĩ		UNDETERMINABLE	BLE
(6) ANTI-DEFAMATION LEAGUE FOUNDATION	W	· · · · · · · · · · · · · · · · · · ·	UNDETERMINABLE	BLE
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Name of related organization NILEAGUE FOUNDATION IN LEAGUE FOUNDATION
LEAGUE
LEAGUE

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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.	txable as a Partne	ership Comple	ete if the orgar	nization ans	wered "Yes"	on Form 99	0, Part IV, I	ine 37.		
0 2	entity taxed as a pa anization. See instru	rtnership throug uctions regardin	gh which the or g exclusion for	ganization co certain invesi	onducted mor	e than five p∈ ships.	rcent of its	activities (meas	ured by tota	al assets
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legat domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections \$12-514)	(e) Are all partners section 501(c)(3) organizations? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
(1)							···			
(2)										
(3)										
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Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	