

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2015

Open to Public Inspection

Form **990**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** , 2015, and ending , 20

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ANTI-DEFAMATION LEAGUE Doing Business As	<b>D Employer identification number</b> 13-1818723
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 605 THIRD AVENUE	<b>E Telephone number</b> (212) 885-7700
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10158-3560	<b>G Gross receipts \$</b> 64,939,763.
	<b>F Name and address of principal officer:</b> JONATHAN GREENBLATT CEO C/O ADL-605 THIRD AVE, NEW YORK, NY 10158-3560	<b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.ADL.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1946 <b>M State of legal domicile:</b> DC

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE NOTE IN SCHEDULE O	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	321.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	317.
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	393.
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	3,500.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	51,321,197.
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	1,051,110.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-166,432.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	3,089,416.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	55,295,291.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	48,550.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	32,058,003.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	697,829.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,165,944.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	21,362,108.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	54,166,490.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	1,128,801.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .	26,423,509.
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	48,100,285.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20. . . . .	-21,676,776.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MICHAEL A. KELLMAN Type or print name and title	Date 11/14/2016 CFO
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date 11/14/2016	Check <input type="checkbox"/> if self-employed	PTIN Firm's name ▶ GRANT THORNTON LLP Firm's EIN ▶ Firm's address ▶ 757 THIRD AVE 4TH FLOOR NEW YORK, NY 10017-2013 Phone no. 212-599-0100
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20\_\_\_\_

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

# 2015

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**ANTI-DEFAMATION LEAGUE**

Employer identification number

**13-1818723**

Name and title of officer

**MICHAEL A. KELLMAN, CFO**

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

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

- 1a Form 990 check here ▶  b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 56561516.
- 2a Form 990-EZ check here ▶  b Total revenue, if any (Form 990-EZ, line 9) . . . . . 2b \_\_\_\_\_
- 3a Form 1120-POL check here ▶  b Total tax (Form 1120-POL, line 22) . . . . . 3b \_\_\_\_\_
- 4a Form 990-PF check here ▶  b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b \_\_\_\_\_
- 5a Form 8868 check here ▶  b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . 5b \_\_\_\_\_

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [REDACTED]

Date ▶ 11/4/2016

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. [REDACTED]  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [REDACTED]

Date ▶ 11/14/2016

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

For Paperwork Reduction Act Notice, see back of form.

<b>Cumulative e-File History 2015</b>	
<b>Federal</b>	
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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code: ) (Expenses \$ 21,829,949. including grants of \$ 21,400. ) (Revenue \$ 0. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 6,015,025. including grants of \$ 1,700. ) (Revenue \$ 747,475. )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 5,244,699. including grants of \$ 0. ) (Revenue \$ 0. )

ATTACHMENT 4

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

(Expenses \$ 10,943,616. including grants of \$ 15,000. ) (Revenue \$ 0. )

4e Total program service expenses 44,033,289.

**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. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
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. . . . .		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	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. . . . .		X
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. . . . .		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. . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. . . . .		X
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. . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .		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. . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	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. . . . .		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. . . . .		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). . . . .	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. . . . .	X	
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. . . . .		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for 1a (388), 1b (0), 1c (X), 2a (393), 2b (X), 3a (X), 3b, 4a (X), 4b (ATTACHMENT 5), 5a (X), 5b (X), 5c, 6a (X), 6b, 7a (X), 7b (X), 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . .		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body? . . . . .	X	
8b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

	Yes	No
10a	X	
10b	X	
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 6**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
 MICHAEL A. KELLMAN, CFO C/O ADL - 605 THIRD AVENUE NEW YORK, NY 10158-3560 212-885-7700



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ABRAHAM FOXMAN ND U:7/15 ND EMERITUS A:7/15	20.00 20.00	X		X				446,748.	446,748.	57,589.
(2) JONATHAN GREENBLATT CEO/NAT'L DIRECTOR (AS OF 7/15)	20.00 20.00	X		X				168,665.	168,665.	39,065.
(3) MARVIN D NATHAN (AS OF 11/15) NATIONAL CHAIR	20.00 3.50	X		X				0.	0.	0.
(4) BARRY CURTISS-LUSHER NATIONAL CHAIR (UNTIL 11/15)	20.00 3.50	X		X				0.	0.	0.
(5) MILTON S SCHNEIDER TREASURER (AS OF 11/15)	5.00 7.50	X		X				0.	0.	0.
(6) ROBERT H NAFTALY (UNTIL 11/15) TREASURER	5.00 5.50	X		X				0.	0.	0.
(7) ERWIN PEARL ASSISTANT TREASURER	2.00 0.	X		X				0.	0.	0.
(8) THOMAS C HOMBURGER SECRETARY	2.00 3.50	X		X				0.	0.	0.
(9) STANFORD BARATZ ASSISTANT SECRETARY	2.00 0.	X		X				0.	0.	0.
(10) BARBARA B BALSER PAST NATIONAL CHAIR	2.00 .50	X						0.	0.	0.
(11) HOWARD P BERKOWITZ PAST NATIONAL CHAIR	2.00 1.50	X						0.	0.	0.
(12) KENNETH J BIALKIN PAST NATIONAL CHAIR	2.00 .50	X						0.	0.	0.
(13) BURTON S LEVINSON PAST NATIONAL CHAIR	2.00 .50	X						0.	0.	0.
(14) GLEN S LEWY PAST NATIONAL CHAIR	2.00 5.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MELVIN SALBERG PAST NATIONAL CHAIR	2.00 .50	X					0.	0.	0.	
(16) DAVID H STRASSLER PAST NATIONAL CHAIR	2.00 1.50	X					0.	0.	0.	
(17) ROBERT G SUGARMAN PAST NATIONAL CHAIR	2.00 .50	X					0.	0.	0.	
(18) GLEN A TOBIAS PAST NATIONAL CHAIR	2.00 1.50	X					0.	0.	0.	
(19) MARTIN L BUDD (AS OF 11/15) VICE CHAIR	5.00 1.50	X		X			0.	0.	0.	
(20) MEYER EISENBERG VICE CHAIR	2.00 0.	X		X			0.	0.	0.	
(21) ESTA G EPSTEIN (AS OF 11/15) VICE CHAIR	5.00 1.50	X		X			0.	0.	0.	
(22) JAMES GROSFELD VICE CHAIR	2.00 .50	X		X			0.	0.	0.	
(23) YOSSIE HOLLANDER (UNTIL 11/15) VICE CHAIR	2.00 0.	X		X			0.	0.	0.	
(24) CHARLES F KRISER VICE CHAIR	2.00 1.50	X		X			0.	0.	0.	
(25) STEVE I LYONS VICE CHAIR	2.00 0.	X		X			0.	0.	0.	
<b>1b Sub-total</b>							615,413.	615,413.	96,654.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,755,855.	425,410.	413,498.	
<b>d Total (add lines 1b and 1c)</b>							3,371,268.	1,040,823.	510,152.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** X
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** X
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** X

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **14**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) CYNTHIA MARKS (UNTIL 11/15) VICE CHAIR	2.00 0.	X		X				0.	0.	0.
( 27) RUTH MOSS VICE CHAIR	2.00 0.	X		X				0.	0.	0.
( 28) GEORGE STARK VICE CHAIR	2.00 1.50	X		X				0.	0.	0.
( 29) GERALD STEPLER (UNTIL 11/15) VICE CHAIR	2.00 0.	X		X				0.	0.	0.
( 30) MARK WILF VICE CHAIR	2.00 0.	X		X				0.	0.	0.
( 31) CHRISTOPHER WOLF (AS OF 11/15) VICE CHAIR	5.00 .50	X		X				0.	0.	0.
( 32) LEONARD ABESS (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
( 33) BARBARA ADELMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
( 34) STEPHEN I ADLER (UNTIL 11/15) NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
( 35) PETER M ALTER (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
( 36) MILES J. ALEXANDER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) AMY ALTSHULER NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(38) BENNET ALSHER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(39) DIANA ZEFF ANDERSON (A 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(40) DAVID E APPEL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(41) KAREN ARTZ ASH NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(42) JEROME C. AXELROD NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(43) RONALD D BALSER NATIONAL COMMISSIONER	1.00 .50	X					0.	0.	0.	
(44) RICHARD BARTON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(45) DANIEL J BELLER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(46) MARTIN BELSKY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(47) MARVIN BERENBLUM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) BARRY S BERG NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(49) ERIC BERG NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(50) JOAN E BERGER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(51) JOSEPH S BERMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(52) JARED O BLUM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(53) LINDA J BLUM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(54) DAVID BODNEY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(55) BRIAN B BOORSTEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(56) LYNNE Y BORSUK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(57) MICHAEL E BOTNICK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(58) CYNTHIA D BRODSKY (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) REVALEE BRODY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(60) BERNARD BROWNSTEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(61) JONATHAN BRUSS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(62) SHELDON O BURMAN (DEC 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(63) JOHN A. CHANDLER (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(64) MICHAEL A CHERRY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(65) EVAN R CHESLER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(66) LINDA J CLIFTON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(67) CLAUDIA COHEN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(68) DAVID H. COHEN NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(69) H RODGIN COHEN (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) ADAM M COLE NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
( 71) FAITH COOKLER NATIONAL COMMISSIONER	1.00 .50	X					0.	0.	0.	
( 72) JONATHAN COOKLER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 73) LAWRENCE COOPER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 74) ELLIOT J COSGROVE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 75) STEVEN CROWN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 76) ISER CUKIERMAN (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 77) STEVEN DANIELS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 78) WILLIAM C DAVIDSON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 79) LEE H. DAVIS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 80) WARREN DAVIS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) DIANE LIPTON DENNIS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 82) JEFFREY DIAMOND NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
( 83) MARK DILLON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 84) MITCHELL B DUBICK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 85) JOANNE EGERMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 86) BETSY EHRENBERG (UNTIL 11/15) NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
( 87) JAY W EISENHOFER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 88) MARSHALL ELOVICH NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 89) NORMAN L EPSTEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 90) ROBERT EPSTEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
( 91) ALLEN J. FAGEL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) KENNETH H FEILER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(93) REBECCA FEIN LUKS (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(94) BETTYSUE FEUER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(95) ELAINE FEUER-BARTON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(96) SUSAN FINE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(97) STEVEN FINEMAN (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(98) JUDITH FINKEL NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(99) MARK S FINKELSTEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(100) MICHAEL FINKELSTEIN NATIONAL COMMISSIONER	1.00 .50	X					0.	0.	0.	
(101) HOWARD M FISCHER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(102) BARBARA FISHBEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	

**1b Sub-total** ▶

**c Total from continuation sheets to Part VII, Section A** ▶

**d Total (add lines 1b and 1c)** ▶

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) BARRY J. FLEISHMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(104) CRAIG FLEISHMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(105) JOSHUA FORCE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(106) SHERRIE FRACHTMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(107) ANDREW FRACKMAN NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(108) CHARLOTTE K FRANK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(109) ROBBYE FRANK NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(110) JULIANNA K FRIEDMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(111) SUE-ANN FRIEDMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(112) SETH GADINSKY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(113) JULIE GAL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) LORI GANS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(115) NATHAN GANTCHER (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(116) HAROLD C GARNICK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(117) SETH M GERBER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(118) KARYN GINSBERG-GREENWALD NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(119) PHILLIP GINSBURG NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(120) MARCIA GLASSEL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(121) JONATHAN I GLEKLEN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(122) LAWRENCE E GLICK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(123) NEIL GOLDBERG NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(124) WILLIAM H GOLDBERG NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) JANE W GOLDBLUM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(126) JOSEPH A GOLDBLUM NATIONAL COMMISSIONER	5.00 0.	X					0.	0.	0.	
(127) JAMIE GOLDEN (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(128) PEGGY GOLDMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(129) ANDREW GOLDMAN NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(130) EUGENE GOLDSTEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(131) HOWARD W GOLDSTEIN NATIONAL COMMISSIONER	1.00 2.50	X					0.	0.	0.	
(132) ROSLYN GOLDSTEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(133) ALAN H GOODMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(134) CECILIA GOODMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(135) MARTIN F GREENBERG NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) JEFFREY B GREENE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(137) EILEEN GREENLAND (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(138) MURRAY GREIFF NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(139) DAVID GROSSMAN NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(140) TRACEY GROSSMAN NATIONAL COMMISSIONER	5.00 0.	X					0.	0.	0.	
(141) JAY HACK (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(142) MARK O. HACKNER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(143) JOAN HALPERN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(144) FRANKLIN J HARBERG NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(145) JOHN B HARRIS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(146) DAVID S HERSHBERG NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) EILEEN HERSHBERG NATIONAL COMMISSIONER	4.00 0.			X				0.	0.	0.
(148) EDWARD S HERSHFIELD NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.
(149) IRWIN HOCHBERG (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.
(150) SUSAN KATZ HOFFMAN NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.
(151) LOUISE P HOMBURGER NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.
(152) ERIC HORODAS NATIONAL COMMISSIONER	6.00 2.50			X				0.	0.	0.
(153) LINDA HORODAS NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.
(154) MICHAEL E HOROWITZ NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.
(155) DAVID M ICKOVIC NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.
(156) ALLAN J JACOBS NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.
(157) ROCHELLE JACOBSON NATIONAL COMMISSIONER	1.00 0.			X				0.	0.	0.

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) KENNETH M JARIN (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(159) MAX JAVIT NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(160) ELIZABETH JICK (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(161) WILLIAM JOEL (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(162) SAMUEL K JONAS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(163) ROBERT J JOSSEN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(164) RICHARD JURO NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(165) MARK JUSTER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(166) RHODA KAHN NUSBAUM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(167) DENNIS G KAINEN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(168) DENNIS R KANIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 59**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) MARC B KAPLIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(170) SHELLY KASSEN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(171) ALFRED D KATZ NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(172) CECELIA E KATZ NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(173) JOEL M KAYE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(174) ERIC B. KINGSLEY NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(175) JACK KLEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(176) ROBERT KLUGMAN NATIONAL COMMISSIONER	5.00 0.	X					0.	0.	0.	
(177) JAMIE M. KOHEN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(178) PHILIP KORN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(179) GERALD KRAMER (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) KENNETH S KRANZBERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(181) MICHAEL P KRASNY NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(182) CHARLES J KURLAND NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(183) JAMES KURTZ-PHELAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(184) GARY J KUSHNER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(185) DOUGLAS S LAND NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(186) ELLIS LANDAU NATIONAL COMMISSIONER	4.00 .50	X						0.	0.	0.
(187) HOWARD LANDAU NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(188) JONATHAN LAVINE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(189) FREDERICK M LAWRENCE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(190) ALAN LAZOWSKI NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) THOMAS J LEANSE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(192) MELVIN LECHNER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(193) BRUNO LEDWIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(194) MICHAEL LERNER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(195) BRADLEY A LEVIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(196) JEFFREY S LEVINGER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(197) GARY H LEVINSON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(198) BARRY LEVITT NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(199) DANIEL M LEVY (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(200) JOHN LEVY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(201) MARCIA LEVY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) SAMUEL LEVY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(203) MAURICE LEWITT NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(204) ALAN ELI LICHTIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(205) CINDY LYONS (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(206) STEVE LYONS (AS OF 11/15) NATIONAL COMMISSIONER	1.00 .50	X					0.	0.	0.	
(207) GINNY MACDOWELL NATIONAL COMMISSIONER	5.00 0.	X					0.	0.	0.	
(208) AUDREY MAGID NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(209) HEIDI MADEL (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(210) ARNOLD L MANHEIMER (U 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(211) SYLVIA R MARGOLIES NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(212) DANIEL MARIASCHIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) MITCHELL MARKOW (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(214) TODD MARSHALL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(215) GREGG M MASHBERG NATIONAL COMMISSIONER	4.00 0.	X						0.	0.	0.
(216) BARRY MEHLER (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(217) DANIEL MEISEL (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(218) LEAH MENDELSON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(219) FRED MENOWITZ NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(220) LAURA MERAGE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(221) MICHAEL MERLIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(222) WILLIAM MEYER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(223) JUDITH MEYER NATIONAL COMMISSIONER	4.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) LAWRENCE J MILLER NATIONAL COMMISSIONER	5.00 1.50	X						0.	0.	0.
(225) JACOB MOROWITZ NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(226) MARSHA MOSES NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(227) GEORGE E MOSS NATIONAL COMMISSIONER	1.00 3.50	X						0.	0.	0.
(228) RICHARD F MOSS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(229) WILLIAM G MOWAT NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(230) NICOLE MUTCHNIK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(231) JEFFERY S NEWBERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(232) JONAH A NEUMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(233) STEVEN B NICHOLS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(234) RICHARD M NODEL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) HARRIET M NORRIS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(236) SCOTT NOTOWITZ NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(237) THOMAS N. O'BRIEN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(238) NEIL B OBERFELD NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(239) NORMAN F OBLON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(240) ROBERT OGAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(241) CAROL OSTROW NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(242) JEFFREY M PARKER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(243) SHELLEY PARKER NATIONAL COMMISSIONER	5.00 3.50	X					0.	0.	0.	
(244) NANCY PARRIS-MOSKOWITZ NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(245) DENNIS PASSIS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) ROSS PEARLSON NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(247) STEVEN PEPPER (AS OF 11/15) NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(248) FLORIE PERELLIS (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(249) ROBERT PERGAMENT NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(250) MICHAEL PERLOW NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(251) AUDREY PLOTKIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(252) LORNE R POLGER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(253) AVNER PORAT NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(254) JANET POZMANTIER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(255) LIZ PRICE NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(256) HARVEY R PRINCE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) SUZANNE PRINCE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(258) DAVID B PUDLIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(259) MELINDA QUIAT NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(260) STEPHEN QUEEN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(261) JONATHAN S. QUINN NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(262) STEVEN W. RABITZ NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(263) JOHN A RAPHAEL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(264) LARRY RASKY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(265) ALAN M RAUSS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(266) MARLENE RECHT NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(267) SEYMOUR D REICH (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) ARTHUR REIDEL NATIONAL COMMISSIONER	5.00 0.	X					0.	0.	0.	
(269) JOSHUA RESIMAN (AS OF 11/15) NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(270) MARC REISSNER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(271) BURTON P RESNICK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(272) MYRON J RESNICK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(273) JEFF ROBBINS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(274) RACHEL F ROBBINS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(275) BERNARD ROBERTS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(276) ISRAEL ROIZMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(277) LAWRENCE ROSENBLOOM NATIONAL COMMISSIONER	5.00 .50	X					0.	0.	0.	
(278) MONICA ROSENBLUTH (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) GIDEON ROTHSCHILD NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(280) MICHAEL I ROTHSTEIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(281) ARNOLD G RUBIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(282) MICHAEL RUBIN NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(283) GEORGE C RUDOLPH NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(284) JAMES L RUDOLPH NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(285) DEBORAH RUDY (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(286) LILY SAAD NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(287) LEONARD SAHN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(288) STEPHEN L SALTZMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(289) JEFFREY D SAPER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) MITCHELL H SARANOW NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(291) LEWIS A SASSOON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(292) JACK D. SAWYER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(293) BENJAMIN S SAX NATIONAL COMMISSIONER	5.00 2.50	X					0.	0.	0.	
(294) DAVID R SCHAEFER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(295) RICHARD M SCHAPS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(296) IAN SCHARFMAN (AS OF 11/15) NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(297) MARC SCHEINESON (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(298) MARC J SCHNEIDER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(299) JAN SCHNEIDERMAN (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(300) JUDITH SCHRAM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) STEVE H SCHRAM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(302) DALE M SCHWARTZ NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(303) PAMELA SCHWARTZ NATIONAL COMMISSIONER	5.00 1.50	X					0.	0.	0.	
(304) SARAH SCOTT (UNTIL 1/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(305) MICHAEL B SERLING NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(306) GIL R SEROTA NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(307) DEBORAH SHALOM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(308) NEAL SHAPERO NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(309) KEITH SHAPIRO NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(310) HOWARD SHAPIRO (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(311) MICHAEL N SHEETZ NATIONAL COMMISSIONER	5.00 .50	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) HOWARD A SHERWOOD NATIONAL COMMISSIONER	1.00 .50	X					0.	0.	0.	
(313) ANDREA SHPALL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(314) MARTIN L SHULTZ (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(315) JEFFREY M SIMON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(316) PAMELA J SIMON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(317) MOISHE SMITH NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(318) ANDREW C SNYDER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(319) HELEN WARREN SPECTOR NATIONAL COMMISSIONER	1.00 .50	X					0.	0.	0.	
(320) ROBYN SPERLING NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(321) ILENE STEIMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(322) ROBYN STEINBERG (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) ELLEN J STERNWEILER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(324) ALLAN STEYER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(325) STEPHEN D SUSMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(326) MARLA LERNER TANENBAUM NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(327) ZENA M. TAMLER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(328) CHARLES E TAYLOR NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(329) LEAH TEMKIN (AS OF 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(330) ROBYN TEPLITZKY (AS OF 11/15) NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(331) NANCY TIMM NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(332) ANDREW H TISCH NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(333) JAY L TOBIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) WENDY TONKIN NATIONAL COMMISSIONER	4.00 0.	X					0.	0.	0.	
(335) SAM TRAMIEL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(336) TRACY L TREGER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(337) MARJORIE J TREISMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(338) JEROME H TURK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(339) STEVEN UNGERLEIDER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(340) HERBERT A WAINER NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(341) JOHN WALLACH NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(342) LENORE WAX NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(343) ALLEN WAXMAN (UNTIL 11/15) NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(344) ALAN JAY WEIL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) MIRIAM WEISMAN NATIONAL COMMISSIONER	5.00 0.	X					0.	0.	0.	
(346) EDWARD WEISSELBERG NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(347) MITCHELL J WESELEY NATIONAL COMMISSIONER	6.00 1.50	X					0.	0.	0.	
(348) BARRY WINOGRAD NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(349) JACQUES WOLF NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(350) HARVEY J WOLKOFF NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(351) STEPHEN ZACK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(352) MARJORIE ZESSAR NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(353) MARTINE ZINN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(354) ROBERT L ZUCHERMAN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(355) CLIFFORD SCHECHTER CHIEF OPERATING OFFICER	34.00 6.00			X			243,472.	42,966.	42,867.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 59

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) MICHAEL A KELLMAN CHIEF FINANCIAL OFFICER	24.00 16.00			X				156,808.	104,539.	42,867.
(357) NINA HANAN DIRECTOR OF DEVELOPMENT	24.00 16.00			X				270,862.	180,575.	20,574.
(358) IRA ROBERT WOLFSON ASSOC. NAT. DIR. OF REG. OPER.	40.00 0.			X				217,104.	0.	21,440.
(359) DEBORAH G LAUTER DIRECTOR OF CIVIL RIGHTS	40.00 0.			X				194,788.	0.	38,899.
(360) DAVID S WAREN DIRECTOR OF EDUCATION	40.00 0.			X				204,487.	0.	41,727.
(361) STEVEN C SHEINBERG GENERAL COUNSEL	20.00 20.00			X				97,330.	97,330.	39,922.
(362) MICHAEL ALAN SALBERG DIRECTOR INT'L AFFAIRS	40.00 0.				X			469,417.	0.	42,530.
(363) KENNETH JACOBSON DEPUTY NATIONAL DIRECTOR	40.00 0.				X			240,424.	0.	19,362.
(364) EVAN BERNSTEIN NEW YORK REGIONAL DIRECTOR	40.00 0.				X			229,387.	0.	39,682.
(365) AMANDA F SUSSKIND LA REGIONAL DIRECTOR	40.00 0.				X			223,736.	0.	20,849.
(366) LONNIE J NASATIR CHICAGO REGIONAL DIRECTOR	40.00 0.				X			208,040.	0.	42,779.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3 X**
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4 X**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5 X**

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 203,516.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 14,052,869.				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 5,338,999.				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 33,126,567.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	2,477,316.				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		52,721,951.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> EDUCATIONAL TRAINING FEES . . . . .	611710	747,475.	747,475.		
	<b>b</b> . . . . .					
	<b>c</b> . . . . .					
	<b>d</b> . . . . .					
	<b>e</b> . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		747,475.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .		0.			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0.			
	<b>5</b> Royalties . . . . .		0.			
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . .		0.			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
			2,092,313.			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		2,111,141.		
	<b>c</b> Gain or (loss) . . . . .		-18,828.			
	<b>d</b> Net gain or (loss) . . . . .		-18,828.			
<b>8a</b> Gross income from fundraising events (not including \$ 14,052,869. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 9,377,668.					
<b>b</b> Less: direct expenses . . . . .	<b>b</b> 6,267,106.					
<b>c</b> Net income or (loss) from fundraising events . . . . .		3,110,562.			3,110,562.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .		0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> INTEREST ON LOAN RECEIVABLE . . . . .	900099	356.			356.	
<b>b</b> . . . . .						
<b>c</b> . . . . .						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		356.				
<b>12</b> <b>Total revenue.</b> See instructions . . . . .		56,561,516.	747,475.		3,092,090.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 individuals. See Part IV, line 22 . . . . .	38,100.	38,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign 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.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	131,727.	7,462.	118,249.	6,016.
c Accounting . . . . .	172,207.	8,177.	157,439.	6,591.
d Lobbying . . . . .	5,000.	5,000.		
e Professional fundraising services. See Part IV, line 17.	253,474.			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.	362,577.
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.			
19 Conferences, conventions, and meetings . . . . .	1,645,311.	1,584,072.	32,370.	28,869.
20 Interest . . . . .	89,815.	22,221.	59,691.	7,903.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,002,921.	790,996.	158,258.	53,667.
23 Insurance . . . . .	332,735.	262,425.	52,505.	17,805.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH MATERIALS . . . . .	173,782.	122,222.	18,789.	32,771.
b ADL GLOBAL 100 INDEX SURVEY . . . . .	1,375,000.	1,375,000.		
c EDUCATION PROJECTS & FUNCTIO . . . . .	2,375,204.	2,375,204.		
d CREATIVE 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	1,029,246.	613,789.	165,821.	249,636.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	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.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	357,000.	8	348,500.
	9	Prepaid expenses and deferred charges	490,529.	9	606,657.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,645,234.		
	b	Less: accumulated depreciation.	10b 13,201,727.		
	11	Investments - publicly traded securities	105,303.	11	398,944.
	12	Investments - other securities. See Part IV, line 11	34,500.	12	269,900.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,989,936.	15	123,612.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	26,423,509.	16	26,194,054.	
Liabilities	17	Accounts payable and accrued expenses	5,934,678.	17	6,738,249.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	881,706.	19	835,397.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	4,000,000.	23	4,000,000.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,283,901.	25	36,851,611.
	26	<b>Total liabilities.</b> Add lines 17 through 25	48,100,285.	26	48,425,257.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-27,114,943.	27	-27,485,283.
	28	Temporarily restricted net assets	5,438,167.	28	5,254,080.
	29	Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	-21,676,776.	33	-22,231,203.	
34	<b>Total liabilities and net assets/fund balances</b>	26,423,509.	34	26,194,054.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,561,516.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,261,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,300,303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-21,676,776.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,854,730.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-22,231,203.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> ANTI-DEFAMATION LEAGUE	<b>Employer identification number</b> 13-1818723
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 85.87%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 86.36%; 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (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.		
3b	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 <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
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.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	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 <b>Part VI</b> 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.		
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 <b>Part VI</b> , including (i) the names and EIN 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).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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).		
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 <b>Part VI</b> .		
9b	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 <b>Part VI</b> .		
9c	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 <b>Part VI</b> .		
10a	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.		
10b	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.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding director powers and benefit of supported organizations.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding majority of directors.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding notice, officers, and investment policies.

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1 (checkboxes), 2a, 2b, 3a, 3b regarding integral part test and activities.

**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	1a	
	b Average monthly cash balances	1b	
	c Fair market value of other non-exempt-use assets	1c	
	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 emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
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 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013 . . . . .			
e	From 2014 . . . . .			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
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).			
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013 . . . . .			
d	Excess from 2014 . . . . .			
e	Excess from 2015 . . . . .			

Schedule A (Form 990 or 990-EZ) 2015

**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).

ATTACHMENT 1

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.
<b>TOTALS</b>	<u>7,434,415.</u>	<u>8,365,554.</u>	<u>8,909,364.</u>	<u>8,586,344.</u>	<u>9,377,668.</u>	<u>42,673,345.</u>

# Schedule of Contributors

**2015**

▶ **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](http://www.irs.gov/form990).

<b>Name of the organization</b> ANTI-DEFAMATION LEAGUE	<b>Employer identification number</b> 13-1818723
---	---

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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).

Name of organization **ANTI-DEFAMATION LEAGUE**

Employer identification number  
13-1818723

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,338,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,626,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

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





**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of organization <b>ANTI-DEFAMATION LEAGUE</b>	Employer identification number <b>13-1818723</b>
---	---

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	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:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		32,147.
e Publications, or published or broadcast statements?	X		23,870.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		362,806.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		45,925.
i Other activities?		X	
j Total. Add lines 1c through 1i			464,748.
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?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4

**Part IV Supplemental Information (continued)**

## PART II B

ADL HAS STAFF IN 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 (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

ANTI-DEFAMATION LEAGUE

13-1818723

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment 7.0000 %
b Permanent endowment 77.0000 %
c Temporarily restricted endowment 16.0000 %

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

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

Table with 2 columns: Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM PENSION OBLIGATIONS	29,486,801.
(3) DEFERRED RENT	7,303,705.
(4) DUE TO ADL FOUNDATION	61,105.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 36,851,611.	

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





**Part XIII Supplemental Information (continued)**

PART V, LINE 3B

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)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA	1.	5.	PROGRAM SERVICES	SEE PART V	696,000.
(2) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		72,000.
(3) EUROPE	1.	2.	PROGRAM SERVICES	SEE PART V	76,000.
(4) EUROPE			INVESTMENTS		36,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total . . . . .	2.	7.			880,000.
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)	2.	7.			880,000.

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

Schedule F (Form 990) 2015

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

Table with 10 columns: (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). Rows are numbered 1 through 13.

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

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

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

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

PART I, LINE 3(1), COLUMN E

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

PART 1, LINE 3(3), COLUMN E

EUROPE (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.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 OMP	DIRECT MARKETING		X	1,979,564.	238,000.	1,741,564.
2 MOBILE CAUSE	FUNDRAISING SERVICES	X		102,646.	30,000.	72,646.
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				2,082,210.	268,000.	1,814,210.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		AHF EVENT-NY (event type)	DC CONCERT (event type)	94. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	3,729,538.	1,190,328.	18,510,671.	23,430,537.
	2	Less: Contributions	2,874,788.	279,307.	10,898,774.	14,052,869.
	3	Gross income (line 1 minus line 2)	854,750.	911,021.	7,611,897.	9,377,668.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		21,000.	17,439.	38,439.
	7	Food and beverages	554,415.	123,029.	2,705,138.	3,382,582.
	8	Entertainment	1,455.	113,022.	119,691.	234,168.
	9	Other direct expenses	339,682.	95,418.	2,176,817.	2,611,917.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					3,110,562.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization 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 entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

PART I LINE 2B COLUMN (V)

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

**SCHEDULE I  
(Form 990)**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

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

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

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

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

Schedule I (Form 990) (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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SILLINS FAMILY FOUNDATION GRANT	1.	10,000.			
2 KRANZBERG SCHOLARSHIP	13.	4,900.			
3 BODINI FOUNDATION PRIZE	3.	5,000.			
4 KASE TEACHER EXCELLENCE AWARD	3.	1,500.			
5 A TRIESTE TO MORAL COURAGE ESSAY CONTEST	6.	1,700.			
6 HEROISM AWARD	3.	15,000.			
7					

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

PART I LINE 2

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

PART III LINE 1(A) THE SILLINS FAMILY FOUNDATION GRANT WAS AWARDED TO ONE INDIVIDUAL WITH THE PURPOSE FOR HIM TO PURSUE HIS EDUCATIONAL WORK REGARDING THE NEED FOR UNITED NATIONS REFORM, ESPECIALLY AS IT AFFECTS

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

JEWISH CONCERNS SUCH AS PEACE IN THE MIDDLE EAST, INTERNATIONAL  
 TERRORISM, HUMAN RIGHTS, AND NEW AND RENEWABLE SOURCES OF ENERGY.

PART III LINE 2 (A)

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

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

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2						
3						
4						
5						
6						
7						

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

PART III LINE 3 (A)

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

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 PREDJUDICE AND REGARDS DIVERSITY AS A STRENGTH.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART III LINE 5 (A)

THE TRIBUTE TO MORAL COURAGE ESSAY CONTEST AWARDS ARE FINANCIAL AWARDS GIVEN TO SIX STUDENTS FOR WINNING A WRITING CONTEST BASED ON THE HOLOCAUST TO EDUCATE STUDENTS ABOUT THE RAMIFICATIONS OF PRESENT DAY STEREOTYPING, PREJUDICE, RACISM AND ANTI-SEMITISM.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PART III LINE 6 (A)

THE HEROISM AWARD WAS PRESENTED TO THREE INDIVIDUALS WHO STOOD UP TO HATE AND TO THOSE WHO WOULD DEPRIVE OTHERS OF THEIR FREEDOM.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>ANTI-DEFAMATION LEAGUE</b>	Employer identification number <b>13-1818723</b>
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**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABRAHAM FOXMAN	342,245.	0.	104,503.	0.	28,795.	475,543.	0.
2 ND U: 7/15 ND EMERTUS A: 7/15	342,245.	0.	104,503.	0.	28,794.	475,542.	0.
3 JONATHAN GREENBLATT	134,975.	0.	33,690.	0.	19,533.	188,198.	0.
4 CEO/NAT'L DIRECTOR (AS OF 7/15)	134,975.	0.	33,690.	0.	19,532.	188,197.	0.
5 CLIFFORD SCHECHTER	243,253.	0.	219.	5,068.	31,369.	279,909.	0.
6 CHIEF OPERATING OFFICER	42,927.	0.	39.	894.	5,536.	49,396.	0.
7 MICHAEL A KELLMAN	152,877.	0.	3,931.	3,578.	22,142.	182,528.	0.
8 CHIEF FINANCIAL OFFICER	101,918.	0.	2,621.	2,385.	14,762.	121,686.	0.
9 NINA HANAN	135,602.	0.	135,260.	3,578.	8,766.	283,206.	0.
10 DIRECTOR OF DEVELOPMENT	90,402.	0.	90,173.	2,385.	5,845.	188,805.	0.
11 IRA ROBERT WOLFSON	214,246.	0.	2,858.	4,952.	16,488.	238,544.	0.
12 ASSOC. NAT. DIR. OF REG. OPER.	0.	0.	0.	0.	0.	0.	0.
13 DEBORAH G LAUTER	193,530.	0.	1,258.	4,544.	34,355.	233,687.	0.
14 DIRECTOR OF CIVIL RIGHTS	0.	0.	0.	0.	0.	0.	0.
15 MICHAEL ALAN SALBERG	205,219.	0.	264,198.	5,626.	36,904.	511,947.	0.
16 DIRECTOR INT'L AFFAIRS	0.	0.	0.	0.	0.	0.	0.
17 KENNETH JACOBSON	239,188.	0.	1,236.	5,424.	13,938.	259,786.	0.
18 DEPUTY NATIONAL DIRECTOR	0.	0.	0.	0.	0.	0.	0.
19 EVAN BERNSTEIN	229,327.	0.	60.	5,327.	34,355.	269,069.	0.
20 NEW YORK REGIONAL DIRECTOR	0.	0.	0.	0.	0.	0.	0.
21 AMANDA F SUSSKIND	223,478.	0.	258.	5,111.	15,738.	244,585.	0.
22 LA REGIONAL DIRECTOR	0.	0.	0.	0.	0.	0.	0.
23 LONNIE J NASATIR	207,950.	0.	90.	4,925.	37,854.	250,819.	0.
24 CHICAGO REGIONAL DIRECTOR	0.	0.	0.	0.	0.	0.	0.
25 DAVID S WAREN	204,349.	0.	138.	4,822.	36,905.	246,214.	0.
26 DIRECTOR OF EDUCATION	0.	0.	0.	0.	0.	0.	0.
27 STEVEN C SHEINBERG	88,285.	9,000.	45.	2,284.	17,677.	117,291.	0.
28 GENERAL COUNSEL	88,285.	9,000.	45.	2,284.	17,677.	117,291.	0.
29							
30							
31							
32							

**Part III Supplemental Information**

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

PART I, LINE 1A

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

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

**Part III Supplemental Information**

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

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

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.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>ANTI-DEFAMATION LEAGUE</b>	Employer identification number <b>13-1818723</b>
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**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 40b.

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
	ATTACHMENT 1												
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$	10,595.					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MICHAEL SALBERG	SEE PART V	511,947.	EMPLOYMENT		X
(2) GROSSMAN MARKETING GROUP	SEE PART V	47,904.	PAYMENT FOR MARKETING SERVICES		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

PART IV LINE 1(B)

MICHAEL SALBERG HAS A FAMILY RELATIONSHIP WITH MELVIN SALBERG (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 Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental information**

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

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
DEBORAH LAUTER	KEY EMPLOYEE	HOUSING ASSISTANCE	X		15,000.	10,595.	X	X	X			

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

ANTI-DEFAMATION LEAGUE

13-1818723

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	181.	2,092,313.	MEAN, DATE OF CONTR.
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( EVENT RELATED ) . . . . .	X	297.	385,003.	DONOR PROVIDED VALUE
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000



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

---

PART 1, LINE 9 COLUMN (B)

EACH STOCK GIFT IS COUNTED AS A SEPARATE CONTRIBUTED ITEM.

PART 1 LINE 25 COLUMN (B)

THE AMOUNT REPORTED REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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. PARTICIPATES 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

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

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

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

ADL HAS A WRITTEN CONFLICT OF INTEREST POLICY APPROVED BY THE NEC (A LEADERSHIP BODY THAT IS AUTHORIZED TO ACT ON BEHALF OF THE NATIONAL COMMISSION) THAT REQUIRES ITS OFFICERS, DIRECTORS, AND EMPLOYEES TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST, THOSE OF THEIR FAMILY MEMBERS AND OF OTHER INTERESTED PARTIES. THIS DISCLOSURE FORM IS DISTRIBUTED BY THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT (HR) TO ALL STAFF ON AN ANNUAL BASIS. HR ENSURES THAT ALL FORMS ARE COMPLETED AND REVIEWS THE FORMS FOR CONFLICTS. THE DISCLOSURE FORM IS DISTRIBUTED BY THE LEADERSHIP DIVISION TO THE MEMBERS OF THE NATIONAL COMMISSION ON AN ANNUAL BASIS. THE LEADERSHIP DIVISION COLLECTS AND REVIEWS THEM FOR NOTED

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

FORM 990, PART VI, SECTION B, LINE 15B  
ADL'S PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS AND ALL KEY EMPLOYEES INCLUDES CONSULTATION WITH AN INDEPENDENT COMPENSATION CONSULTANT THAT PERFORMS A COMPENSATION MARKET STUDY AND PROVIDES SALARY STRUCTURE GRADING. THIS IS REVIEWED AND A DECISION IS MADE BY THE NATIONAL DIRECTOR WHO PRESENTS A RECOMMENDATION TO THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE MAKES A DECISION ON THE RECOMMENDATION, AS DOCUMENTED IN THE COMMITTEE MEETING MINUTES.

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

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

ATTACHMENT 1

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

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

ATTACHMENT 2

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

REGIONAL OPERATIONS - SUPERVISES AND COORDINATES THE LEAGUE'S COAST-TO-COAST NETWORK OF REGIONAL AND SATELLITE OFFICES IN THE

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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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 3FORM 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

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

LEGAL AFFAIRS DEPARTMENT FILED 16 AMICUS BRIEFS PROMOTING ADL'S AGENDA ON A RANGE OF ISSUES. AS PARTICIPANTS IN ADL'S UNIQUE SUMMER ASSOCIATE RESEARCH PROGRAM, MORE THAN 300 LAW STUDENTS WORKING AT OVER 115 LAW FIRMS IN 12 DIFFERENT REGIONS WORKED CLOSELY WITH ADL REGIONAL OFFICES TO PRODUCE MEMORANDA ON IMPORTANT ADL ISSUES.

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

AUSTRIA

ISRAEL

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

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

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

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

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FIRST INTERNATIONAL ONE PARKER PLAZA, SUITE 12 FORT LEE, NJ 07024	POLLING SERVICE	1,637,150.
CENTURYLINK PO BOX 52187	NETWORK SERVICES	365,159.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PHOENIX, AZ 85072		
605 CLEANING SERVICES CO. 299 PARK AVENUE NEW YORK, NY 10171	MAINTENANCE/CLEANING	336,519.
OMP 1133 19TH STREET, NW, SUITE 300 WASHINGTON, DC 20036	CREATIVE SERVICES	240,213.
BLACKBAUD PO BOX 930266 ATLANTA, GA 31193	WEB SERVICES	277,395.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Open to Public  
Inspection

Employer identification number

13-1818723

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

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

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

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

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

Schedule R (Form 990) 2015

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

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

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
<b>b</b> Gift, grant, or capital contribution to related organization(s).		X
<b>c</b> Gift, grant, or capital contribution from related organization(s).	X	
<b>d</b> Loans or loan guarantees to or for related organization(s).	X	
<b>e</b> Loans or loan guarantees by related organization(s).	X	
<b>f</b> Dividends from related organization(s).		X
<b>g</b> Sale of assets to related organization(s).		X
<b>h</b> Purchase of assets from related organization(s).		X
<b>i</b> Exchange of assets with related organization(s).		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		X
<b>o</b> Sharing of paid employees with related organization(s).		X
<b>p</b> Reimbursement paid to related organization(s) for expenses.		X
<b>q</b> Reimbursement paid by related organization(s) for expenses.		X
<b>r</b> Other transfer of cash or property to related organization(s).		X
<b>s</b> Other transfer of cash or property from related organization(s).		X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	C	5,338,999.	ACTUAL
(2) ANTI-DEFAMATION LEAGUE FOUNDATION	E	4,000,000.	ACTUAL
(3) ANTI-DEFAMATION LEAGUE FOUNDATION	D	4,000,000.	ACTUAL
(4) ANTI-DEFAMATION LEAGUE FOUNDATION	K	291,946.	ACTUAL
(5) ANTI-DEFAMATION LEAGUE FOUNDATION	L		UNDETERMINABLE
(6) ANTI-DEFAMATION LEAGUE FOUNDATION	M		UNDETERMINABLE

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
  - b Gift, grant, or capital contribution to related organization(s).
  - c Gift, grant, or capital contribution from related organization(s).
  - d Loans or loan guarantees to or for related organization(s).
  - e Loans or loan guarantees by related organization(s).
  - f Dividends from related organization(s).
  - g Sale of assets to related organization(s).
  - 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).
  - k Lease of facilities, equipment, or other assets from related organization(s).
  - l 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 Sharing of paid employees with related organization(s).
  - p Reimbursement paid to related organization(s) for expenses.
  - q Reimbursement paid by related organization(s) for expenses.
  - r Other transfer of cash or property to related organization(s).
  - s Other transfer of cash or property from related organization(s).

	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	ANTI-DEFAMATION LEAGUE FOUNDATION	N	376,335.	ACTUAL		
(2)	ANTI-DEFAMATION LEAGUE FOUNDATION	O	3,651,269.	ACTUAL		
(3)	ANTI-DEFAMATION LEAGUE FOUNDATION	Q	1,028,476.	ACTUAL		
(4)						
(5)						
(6)						

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

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

Table with 16 rows and 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V - UBI amount; (j) General or managing partner?; (k) Percentage ownership.

**Part VII Supplemental Information**

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

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