

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2016**Open to Public
Inspection****A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

ANTI-DEFAMATION LEAGUE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

605 THIRD AVENUE

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10158-3560

F Name and address of principal officer:

JONATHAN GREENBLATT

CEO C/O ADL-605 THIRD AVE., NEW YORK, NY 10158-3560

D Employer identification number

13-1818723

E Telephone number

(212) 885-7700

G Gross receipts \$ 73,921,585.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.ADL.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1946 **M** State of legal domicile: DC**Part I Summary****1** Briefly describe the organization's mission or most significant activities: SEE NOTE IN SCHEDULE O**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 286.**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 282.**5** Total number of individuals employed in calendar year 2016 (Part V, line 2a) **5** 388.**6** Total number of volunteers (estimate if necessary) **6** 3,500.**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0.**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0.**Revenue****8** Contributions and grants (Part VIII, line 1h) **Prior Year** 52,721,951. **Current Year** 61,471,201.**9** Program service revenue (Part VIII, line 2g) **Prior Year** 747,475. **Current Year** 780,997.**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **Prior Year** -18,828. **Current Year** -1,342.**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **Prior Year** 3,110,918. **Current Year** 3,720,221.**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **Prior Year** 56,561,516. **Current Year** 65,971,077.**Expenses****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **Prior Year** 38,100. **Current Year** 35,200.**14** Benefits paid to or for members (Part IX, column (A), line 4) **Prior Year** 0. **Current Year** 0.**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **Prior Year** 32,430,600. **Current Year** 32,667,895.**16a** Professional fundraising fees (Part IX, column (A), line 11e) **Prior Year** 253,474. **Current Year** 252,000.**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,673,293. **Prior Year** **Current Year****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **Prior Year** 22,539,039. **Current Year** 25,473,460.**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **Prior Year** 55,261,213. **Current Year** 58,428,555.**19** Revenue less expenses. Subtract line 18 from line 12. **Prior Year** 1,300,303. **Current Year** 7,542,522.**Net Assets or Fund Balances****20** Total assets (Part X, line 16) **Beginning of Current Year** 26,194,054. **End of Year** 30,629,125.**21** Total liabilities (Part X, line 26) **Beginning of Current Year** 48,425,257. **End of Year** 47,170,556.**22** Net assets or fund balances. Subtract line 21 from line 20. **Beginning of Current Year** -22,231,203. **End of Year** -16,541,431.**COPY FOR
PUBLIC INSPECTION****Part II Signature Block**

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

Sign Here

Signature of officer

11/13/2017

Date



MICHAEL A. KELLMAN

CFO

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Preparer Use Only

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶

Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013

Phone no. 212-599-0100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning _____, 2016, 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.

2016

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	<input checked="checked" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>65971077.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	<u> </u>
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	<u> </u>
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	<u> </u>
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	<u> </u>

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 2016 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 XXXXXXXXXX as my signature
ERO firm name

on the organization's tax year 2016 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 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ► 11-13-2017

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 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 ►

Date ► 11/13/2017

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.

Form 8879-EO (2016)

Cumulative e-File History 2016

Federal

Tax Return

12840P

Return Type

990

Taxpayer

Anti-Defamation League

Submitted Date	2017-11-13 13:16:05
-----------------------	---------------------

Acknowledgement Date	2017-11-13 13:29:05
-----------------------------	---------------------

Status	Accepted
---------------	----------

Submission ID	26377520173175000001
----------------------	----------------------

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 23,427,774. including grants of \$ 22,000.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 6,770,999. including grants of \$ 0.) (Revenue \$ 0.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 5,733,862. including grants of \$ 3,200.) (Revenue \$ 780,997.)

ATTACHMENT 4

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

(Expenses \$ 10,322,216. including grants of \$ 10,000.) (Revenue \$ 0.)

4e Total program service expenses ► 46,254,851.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 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.	3	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.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	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.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 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.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	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.	11c	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.	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e 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.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	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.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X

Form **990** (2016)

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>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	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>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Form **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 396		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 388		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	X	
b	If "Yes," enter the name of the foreign country: <u>ATTACHMENT 5</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 ☒ **X****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	1a 286		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 282		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a 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?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 ContractorsCheck 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) JONATHAN GREENBLATT CEO/NATIONAL DIRECTOR	20.00 20.00	X		X				272,720.	272,721.	35,240.
(2) MARVIN D NATHAN NATIONAL CHAIR	20.00 4.50	X		X				0.	0.	0.
(3) MILTON S SCHNEIDER TREASURER	7.00 5.50	X		X				0.	0.	0.
(4) ERWIN PEARL (UNTIL 11/2016) ASSISTANT TREASURER	2.00 0.	X		X				0.	0.	0.
(5) THOMAS C HOMBURGER SECRETARY	2.00 1.50	X		X				0.	0.	0.
(6) STANFORD BARATZ ASSISTANT SECRETARY	2.00 0.	X		X				0.	0.	0.
(7) BARBARA B BALSER PAST NATIONAL CHAIR	2.00 .50	X						0.	0.	0.
(8) HOWARD P BERKOWITZ PAST NATIONAL CHAIR	2.00 1.50	X						0.	0.	0.
(9) KENNETH J BIALKIN PAST NATIONAL CHAIR	2.00 .50	X						0.	0.	0.
(10) BARRY CURTISS-LUSHER PAST NATIONAL CHAIR	2.00 2.50	X						0.	0.	0.
(11) BURTON S LEVINSON PAST NATIONAL CHAIR	2.00 .50	X						0.	0.	0.
(12) GLEN S LEWY PAST NATIONAL CHAIR	2.00 7.50	X						0.	0.	0.
(13) MELVIN SALBERG PAST NATIONAL CHAIR	2.00 .50	X						0.	0.	0.
(14) DAVID H STRASSLER PAST NATIONAL CHAIR	2.00 .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) ROBERT G SUGARMAN PAST NATIONAL CHAIR	2.00 .50	X						0.	0.	0.
(16) GLEN A TOBIAS PAST NATIONAL CHAIR	2.00 1.50	X						0.	0.	0.
(17) MARTIN L BUDD VICE CHAIR	7.00 1.50	X		X				0.	0.	0.
(18) ESTA G EPSTEIN VICE CHAIR	7.00 1.50	X		X				0.	0.	0.
(19) CHARLES F KRISER VICE CHAIR	2.00 .50	X		X				0.	0.	0.
(20) RUTH MOSS VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(21) GEORGE STARK VICE CHAIR	2.00 1.50	X		X				0.	0.	0.
(22) MARK WILF VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(23) CHRISTOPHER WOLF VICE CHAIR	2.00 .50	X		X				0.	0.	0.
(24) BARBARA ADELMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(25) MILES J ALEXANDER (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
1b Sub-total								272,720.	272,721.	35,240.
c Total from continuation sheets to Part VII, Section A								3,089,441.	406,371.	399,106.
d Total (add lines 1b and 1c)								3,362,161.	679,092.	434,346.

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 ► 71

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 23

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) AMY ALTSHULER (UNTIL 11/2016) NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(27) BENNET ALSHER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(28) DIANA ZEFF ANDERSON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(29) DAVID E APPEL (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(30) KAREN ARTZ ASH NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(31) JEROME C. AXELROD NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(32) JEFFREY L. BAKER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(33) RONALD D BALSER NATIONAL COMMISSIONER	1.00 .50	X						0.	0.	0.
(34) RICHARD BARTON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(35) DANIEL J BELLER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(36) MARTIN H BELSKY 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 ► 71

	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			
(37) MARVIN BERENBLUM NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(38) BARRY S BERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(39) ERIC BERG NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(40) JOAN E BERGER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(41) JOSEPH S BERMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(42) IVY BIERMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(43) JARED O BLUM NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(44) LINDA J BLUM NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(45) DAVID BODNEY (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(46) BRIAN B BOORSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(47) LYNNE Y BORSUK 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 ► 71

	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) MICHAEL E BOTNICK (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(49) REVALEE BRODY (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(50) BERNARD BROWNSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(51) JONATHAN BRUSS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(52) MICHAEL A CHERRY (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(53) EVAN R CHESLER (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(54) LINDA J CLIFTON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(55) CLAUDIA COHEN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(56) DAVID H. COHEN NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(57) ADAM M COLE NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(58) FAITH COOKLER NATIONAL COMMISSIONER	1.00 1.50	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) JONATHAN COOKLER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(60) LAWRENCE COOPER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(61) ELLIOT J COSGROVE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(62) STEVEN A CROWN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(63) STEVEN L DANIELS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(64) WILLIAM C DAVIDSON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(65) LEE H. DAVIS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(66) WARREN DAVIS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(67) DIANE LIPTON DENNIS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(68) JEFFREY B DIAMOND NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(69) MARK DILLON 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) MITCHELL B DUBICK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(71) JOANNE EGERMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(72) MEYER EISENBERG VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(73) JAY W EISENHOFER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(74) MARSHAL ELOVICH NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(75) NORMAN L EPSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(76) ROBERT EPSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(77) ALLEN J. FAGEL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(78) KENNETH H FEILER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(79) BETTYSUE FEUER (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(80) ELAINE FEUER-BARTON 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) SUSAN FINE (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(82) STEVEN FINEMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(83) JUDITH FINKEL NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(84) MARK S FINKELSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(85) MICHAEL FINKELSTEIN NATIONAL COMMISSIONER	1.00 .50	X						0.	0.	0.
(86) HOWARD M FISCHER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(87) BARBARA FISHBEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(88) BARRY J. FLEISHMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(89) CRAIG A FLEISHMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(90) JOSHUA S FORCE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(91) ABRAHAM H FOXMAN NATIONAL DIRECTOR EMERITUS	3.50 2.50	X						145,961.	63,450.	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 ► 71

	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			
(92) SHERRIE FRACHTMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(93) ANDREW J FRACKMAN NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(94) CHARLOTTE K FRANK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(95) ROBBYE FRANK NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(96) JULIANNA K FRIEDMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(97) SUE-ANN FRIEDMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(98) SETH GADINSKY NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(99) JULIE GAL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(100) LORI GANS (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(101) HAROLD C GARNICK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(102) SETH M GERBER 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) GEORGE GIBSON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(104) KARYN GINSBERG-GREENWALD NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(105) PHILLIP GINSBURG NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(106) MARCIA GLASSEL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(107) JONATHAN I GLEKLEN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(108) LAWRENCE E GLICK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(109) NEIL GOLDBERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(110) WILLIAM H GOLDBERG (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(111) JANE W GOLDBLUM NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(112) JOSEPH A GOLDBLUM NATIONAL COMMISSIONER	6.00 0.	X						0.	0.	0.
(113) JAMIE GOLDEN 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) ANDREW GOLDMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(115) PEGGY GOLDMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(116) EUGENE GOLDSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(117) HOWARD W GOLDSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(118) ROSLYN GOLDSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(119) ALAN H GOODMAN (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(120) CECILIA GOODMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(121) MARTIN F GREENBERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(122) JEFFREY B GREENE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(123) MURRAY GREIFF (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(124) JAMES GROSFELD VICE CHAIR	2.00 0.	X		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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) DAVID GROSSMAN NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(126) TRACEY GROSSMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(127) JAY HACK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(128) MARK O. HACKNER (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(129) JOAN HALPERN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(130) FRANKLIN J HARBERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(131) JOHN B HARRIS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(132) MARCY C HELFAND NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(133) DAVID S HERSHBERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(134) EILEEN HERSHBERG NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(135) EDWARD S HERSHFELD 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) SUSAN KATZ HOFFMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(137) YOSSIE HOLLANDER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(138) LOUISE P HOMBURGER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(139) ERIC HORODAS NATIONAL COMMISSIONER	7.00 .50	X						0.	0.	0.
(140) LINDA HORODAS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(141) MICHAEL E HOROWITZ NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(142) DAVID M ICKOVIC NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(143) ALLAN J JACOBS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(144) ROCHELLE MERFISH JACOBSON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(145) MAX JAVIT (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(146) SAMUEL K JONAS 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) ROBERT J JOSSEN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(148) RICHARD JURO NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(149) MARK JUSTER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(150) RHODA KAHN NUSSBAUM NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(151) DENNIS G KAINEN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(152) DENNIS R KANIN (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(153) MARC B KAPLIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(154) SHELLY KASSEN (UNTIL 1/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(155) ALFRED D KATZ (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(156) CECELIA E KATZ (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(157) JOEL M KAYE 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) ERIC B. KINGSLEY NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(159) JACK KLEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(160) ROBERT KLUGMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(161) JAMIE M. KOHEN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(162) PHILIP KORN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(163) KENNETH S KRANZBERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(164) MICHAEL P KRASNY (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(165) CHARLES J KURLAND NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(166) JAMES KURTZ-PHELAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(167) GARY J KUSHNER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(168) DOUGLAS S LAND 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 **71**

	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			
(169) ELLIS LANDAU NATIONAL COMMISSIONER	5.00 .50	X						0.	0.	0.
(170) HOWARD LANDAU NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(171) JONATHAN SCOTT LAVINE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(172) FREDERICK M LAWRENCE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(173) ALAN LAZOWSKI NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(174) THOMAS J LEANSE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(175) MELVIN LECHNER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(176) BRUNO LEDWIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(177) MICHAEL LERNER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(178) BRADLEY A LEVIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(179) JEFFREY S LEVINGER (TIL 11/16) 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) GARY H LEVINSON (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(181) BARRY LEVITT (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(182) JOHN LEVY NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(183) SAMUEL LEVY NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(184) MAURICE LEWITT NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(185) ALAN ELI LICHTIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(186) REBECCA LUKS (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(187) CINDY LYONS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(188) STEVE LYONS VICE CHAIR	2.00 .50	X		X				0.	0.	0.
(189) GINNY MACDOWELL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(190) HEIDI MADEL 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) SYLVIA R MARGOLIES NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(192) DANIEL MARIASCHIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(193) CYNTHIA MARKS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(194) TODD MARSHALL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(195) GREGG M MASHBERG NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(196) DANIEL MEISEL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(197) LEAH MENDELSON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(198) FRED MENOWITZ (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(199) LAURA MERAGE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(200) MICHAEL MERLIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(201) JUDITH MEYER NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) WILLIAM MEYER (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(203) LAWRENCE J MILLER NATIONAL COMMISSIONER	6.00 1.50	X						0.	0.	0.
(204) JACOB MOROWITZ NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(205) MARSHA MOSES NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(206) GEORGE E MOSS NATIONAL COMMISSIONER	1.00 3.50	X						0.	0.	0.
(207) RICHARD F MOSS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(208) WILLIAM G MOWAT NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(209) NICOLE MUTCHNIK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(210) ROBERT H NAFTALY NATIONAL COMMISSIONER	1.00 .50	X						0.	0.	0.
(211) JONAH A NEUMAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(212) JEFFERY S NEWBERG 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 **71**

	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			
(213) STEVEN B NICHOLS NATIONAL COMMISSIONER	1.00 .50	X						0.	0.	0.
(214) RICHARD M NODEL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(215) HARRIET M NORRIS (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(216) SCOTT NOTOWITZ NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(217) THOMAS N. O'BRIEN (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(218) NEIL B OBERFELD NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(219) NORMAN F OBLON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(220) ROBERT OGAN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(221) CAROL OSTROW NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(222) JEFFREY M PARKER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(223) SHELLEY PARKER NATIONAL COMMISSIONER	6.00 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) NANCY PARRIS-MOSKOWITZ NATL COMMISNR (UNTIL 11/2016)	1.00 0.	X						0.	0.	0.
(225) DENNIS PASSIS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(226) ROSS PEARLSON NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(227) STEVEN PEPPER NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(228) FLORIE PERELLIS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(229) ROBERT PERGAMENT (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(230) MICHAEL PERLOW NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(231) AUDREY PLOTKIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(232) LORNE R POLGER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(233) AVNER PORAT NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(234) JANET POZMANTIER 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) LIZ PRICE NATIONAL COMMISSIONER	10.00 0.	X						0.	0.	0.
(236) HARVEY R PRINCE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(237) SUZANNE PRINCE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(238) DAVID B PUDLIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(239) STEPHEN QUEEN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(240) MELINDA QUIAT NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(241) JONATHAN S. QUINN NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(242) STEVEN W. RABITZ NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(243) JOHN A RAPHAEL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(244) LARRY RASKY NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(245) MARLENE RECHT (TIL 11/16) 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) ARTHUR REIDEL NATIONAL COMMISSIONER	6.00 0.	X						0.	0.	0.
(247) JOSHUA RESIMAN NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(248) MARC REISSNER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(249) BURTON P RESNICK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(250) MYRON J RESNICK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(251) JEFF ROBBINS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(252) RACHEL F ROBBINS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(253) BERNARD ROBERTS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(254) ISRAEL ROIZMAN (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(255) LAWRENCE ROSENBLOOM NATIONAL COMMISSIONER	6.00 .50	X						0.	0.	0.
(256) MONICA ROSENBLUTH 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) GREG ROSENTHAL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(258) GIDEON ROTHSCHILD NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(259) MICHAEL I ROTHSTEIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(260) ARNOLD G RUBIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(261) MICHAEL RUBIN NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(262) GEORGE C RUDOLPH NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(263) JAMES L RUDOLPH NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(264) DEBORAH RUDY NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(265) LILY SAAD NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(266) LEONARD SAHN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(267) STEPHEN L SALTZMAN 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) JEFFREY D SAPER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(269) MITCHELL H SARANOW NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(270) LEWIS A SASSOON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(271) JACK D. SAWYER(UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(272) BENJAMIN S SAX NATIONAL COMMISSIONER	6.00 2.50	X						0.	0.	0.
(273) DAVID R SCHAEFER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(274) RICHARD M SCHAPS NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(275) IAN SCHARFMAN NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(276) MARC SCHEINESON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(277) MARC J SCHNEIDER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(278) STEVE H SCHRAM 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 **71**

	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			
(279) DALE M SCHWARTZ NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(280) PAMELA SCHWARTZ NATIONAL COMMISSIONER	6.00 .50	X						0.	0.	0.
(281) MICHAEL B SERLING NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(282) GIL R SEROTA NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(283) DEBORAH SHALOM NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(284) NEAL SHAPERO NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(285) KEITH SHAPIRO (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(286) MICHAEL N SHEETZ NATIONAL COMMISSIONER	6.00 .50	X						0.	0.	0.
(287) HOWARD A SHERWOOD NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(288) ANDREA SHPALL (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(289) JEFFREY M SIMON 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 **71**

	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			
(290) PAMELA J SIMON NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(291) MOISHE SMITH NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(292) ANDREW C SNYDER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(293) HELEN WARREN SPECTOR NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(294) ROBYN SPERLING (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(295) ILENE STEIMAN (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(296) ROBYN STEINBERG NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(297) GERALD STEMPLER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(298) ELLEN J STERNWEILER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(299) ALLAN STEYER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(300) STEPHEN D SUSMAN 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) ZENA M. TAMLER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(302) MARLA LERNER TANENBAUM NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(303) CHARLES E TAYLOR NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(304) LEAH TEMKIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(305) ROBYN TEPLITZKY NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(306) NANCY TIMM NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(307) ANDREW H TISCH NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(308) JAY L TOBIN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(309) WENDY TONKIN NATIONAL COMMISSIONER	5.00 0.	X						0.	0.	0.
(310) SAM TRAMIEL (UNTIL 11/2016) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(311) TRACY L TREGER 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) MARJORIE J TREISMAN (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(313) JEROME H TURK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(314) STEVEN UNGERLEIDER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(315) HERBERT A WAINER (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(316) JOHN WALLACH NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(317) LENORE WAX NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(318) ALAN JAY WEIL NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(319) EDWARD WEISSELBERG (TIL 02/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(320) MIRIAM WEISMAN NATIONAL COMMISSIONER	6.00 0.	X						0.	0.	0.
(321) MITCHELL J WESELEY NATIONAL COMMISSIONER	7.00 2.50	X						0.	0.	0.
(322) BARRY WINOGRAD 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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) JONATHAN WISE NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(324) JACQUES WOLF NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(325) HARVEY J WOLKOFF NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(326) STEPHEN ZACK NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(327) GARY ZAUSMER NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(328) MARJORIE ZESSAR NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(329) MARTINE ZINN NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(330) ROBERT L ZUCHERMAN (TIL 11/16) NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(331) CLIFFORD SCHECHTER SENIOR ADVISOR TO CEO	34.00 6.00			X				391,107.	69,019.	42,492.
(332) MICHAEL A. KELLMAN SVP, FINANCE & ADMINISTRATION	24.00 16.00			X				156,241.	104,160.	42,492.
(333) IRA ROBERT WOLFSON ASSOC. NAT. DIR. OF REG. OPER.	40.00 0.				X			400,435.	0.	5,872.
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 **71**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) DEBORAH GAYLE LAUTER SVP, POLICY & PROGRAMS	40.00 0.				X			235,034.	0.	39,213.
(335) DAVID S WAREN VICE PRESIDENT, EDUCATION	40.00 0.				X			213,481.	0.	41,577.
(336) STEVEN CARL SHEINBERG GENERAL COUNSEL & SVP PRIV&SEC	20.00 20.00				X			104,348.	104,348.	40,396.
(337) THOMAS W RUDERMAN SENIOR VP, TALENT AND KNOWLEDGE	40.00 0.				X			200,078.	0.	14,557.
(338) FRED BLOCH SENIOR VICE PRESIDENT, GROWTH	24.00 16.00				X			98,090.	65,394.	8,318.
(339) EVAN BERNSTEIN NEW YORK REGIONAL DIRECTOR	40.00 0.					X		257,709.	0.	39,942.
(340) KENNETH JACOBSON DEPUTY NATIONAL DIRECTOR	40.00 0.					X		240,065.	0.	19,212.
(341) AMANDA FRANCES SUSSKIND L.A. REGIONAL DIRECTOR	40.00 0.					X		227,887.	0.	21,414.
(342) LONNIE JAY NASATIR CHICAGO REGIONAL DIRECTOR	40.00 0.					X		213,573.	0.	40,900.
(343) SETH BRYSK SAN FRANCISCO REGIONAL DIR.	40.00 0.					X		205,432.	0.	42,721.
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 ► 71

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	195,102.			
	b	Membership dues	1b				
	c	Fundraising events	1c	11,404,443.			
	d	Related organizations	1d	17,185,568.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	32,686,088.			
	g	Noncash contributions included in lines 1a-1f: \$		2,426,116.			
	h	Total. Add lines 1a-1f		61,471,201.			
Program Service Revenue			Business Code				
	2a	EDUCATIONAL TRAINING FEES	611710	780,997.	780,997.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		780,997.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		4,024.			4,024.
	4	Income from investment of tax-exempt bond proceeds .		0.			
	5	Royalties		0.			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			2,086,026.				
	b	Less: cost or other basis and sales expenses		2,091,392.			
	c	Gain or (loss)		-5,366.			
	d	Net gain or (loss)		-5,366.			-5,366.
	8a	Gross income from fundraising events (not including \$ 11,404,443. of contributions reported on line 1c). See Part IV, line 18	a	9,579,337.			
	b	Less: direct expenses	b	5,859,116.			
	c	Net income or (loss) from fundraising events.		3,720,221.			3,720,221.
	9a	Gross income from gaming activities. See Part IV, line 19	a	0.			
	b	Less: direct expenses	b	0.			
c	Net income or (loss) from gaming activities.		0.				
10a	Gross sales of inventory, less returns and allowances	a	0.				
b	Less: cost of goods sold	b	0.				
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions.		65,971,077.	780,997.		3,718,879.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,500.	10,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,700.	24,700.		
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	2,423,134.	1,690,522.	564,540.	168,072.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	23,001,568.	19,681,222.	788,618.	2,531,728.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	450,954.	379,956.	23,226.	47,772.
9 Other employee benefits	4,821,285.	4,093,906.	203,413.	523,966.
10 Payroll taxes	1,970,954.	1,660,649.	101,513.	208,792.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	202,127.	14,699.	179,940.	7,488.
c Accounting	123,020.	8,946.	109,516.	4,558.
d Lobbying	250.	250.		
e Professional fundraising services. See Part IV, line 17.	252,000.			252,000.
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	1,878,175.	1,398,648.	334,764.	144,763.
14 Information technology	1,192,290.	887,880.	212,513.	91,897.
15 Royalties	0.			
16 Occupancy	6,683,451.	4,928,848.	1,244,708.	509,895.
17 Travel	1,475,485.	1,402,548.	44,082.	28,855.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,283,180.	2,115,339.	90,444.	77,397.
20 Interest	119,806.	13,992.	104,753.	1,061.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,083,784.	807,077.	193,173.	83,534.
23 Insurance	335,171.	249,596.	59,741.	25,834.
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 EDUCATION PROJECT&FUNCTIONS	1,912,250.	1,912,250.		
b DIRECT MAIL	1,168,391.			1,168,391.
c ADL GLOBAL 100 INDEX SURVEY	1,166,000.	1,166,000.		
d GUARDIANS OF HUMANITY BK PRO	700,000.	700,000.		
e All other expenses	5,150,080.	3,107,323.	1,245,467.	797,290.
25 Total functional expenses. Add lines 1 through 24e	58,428,555.	46,254,851.	5,500,411.	6,673,293.
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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	2,570,111.	1	2,706,710.
	2 Savings and temporary cash investments	3,197,232.	2	7,987,135.
	3 Pledges and grants receivable, net	11,224,996.	3	7,188,716.
	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	10,595.	5	0.
	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	348,500.	8	340,000.
	9 Prepaid expenses and deferred charges	606,657.	9	445,781.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,807,962.		
	b Less: accumulated depreciation	10b 14,241,042.		
	11 Investments - publicly traded securities	398,944.	11	403,109.
	12 Investments - other securities. See Part IV, line 11	269,900.	12	497,200.
	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	123,612.	15	3,493,554.
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,194,054.	16	30,629,125.	
Liabilities	17 Accounts payable and accrued expenses	6,738,249.	17	7,338,610.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	835,397.	19	607,750.
	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	36,851,611.	25	35,224,196.
	26 Total liabilities. Add lines 17 through 25	48,425,257.	26	47,170,556.
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	-27,485,283.	27	-21,383,612.
	28 Temporarily restricted net assets	5,254,080.	28	4,842,181.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-22,231,203.	33	-16,541,431.
	34 Total liabilities and net assets/fund balances	26,194,054.	34	30,629,125.

Form **990** (2016)

Part XI Reconciliation of Net AssetsCheck 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	65,971,077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,428,555.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,542,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-22,231,203.
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	-1,852,750.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-16,541,431.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

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

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,634,377.	57,407,759.	50,446,778.	51,872,492.	61,471,201.	269,832,607.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	48,634,377.	57,407,759.	50,446,778.	51,872,492.	61,471,201.	269,832,607.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						269,832,607.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	48,634,377.	57,407,759.	50,446,778.	51,872,492.	61,471,201.	269,832,607.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,746.	5,870.	2,504.	356.	4,024.	20,500.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	8,365,554.	8,909,364.	8,586,344.	9,377,668.	9,579,337.	44,818,267.
11 Total support. Add lines 7 through 10.						314,671,374.
12 Gross receipts from related activities, etc. (see instructions)					12	4,423,220.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	85.75 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	85.87 %
16a 33 1/3% support test - 2016. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2015. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 ► ☐

b 33 1/3% support tests - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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 (explain in Part VI). **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).			

Schedule A (Form 990 or 990-EZ) 2016

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 Total annual distributions. 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
FUNDRAISING EVENTS	8,365,554.	8,909,364.	8,586,344.	9,377,668.	9,579,337.	44,818,267.
TOTALS	<u>8,365,554.</u>	<u>8,909,364.</u>	<u>8,586,344.</u>	<u>9,377,668.</u>	<u>9,579,337.</u>	<u>44,818,267.</u>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization**

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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		\$ 17,185,568.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,302,210.	Person <input checked="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.)
		\$	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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at 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	Employer identification number
ANTI-DEFAMATION LEAGUE	13-1818723

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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) 2016

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

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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		32,599.
e Publications, or published or broadcast statements?	X		18,878.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		367,905.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		46,570.
i Other activities?		X	
j Total. Add lines 1c through 1i			465,952.
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 campaign activity 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)

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
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.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.

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.	
b 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) 2016

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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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? ☐ **Yes** ☐ **No**

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? ☐ **Yes** ☐ **No**

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	88,752,231.	94,955,831.	97,116,918.	88,933,756.	82,615,358.
b Contributions	2,070,803.	1,471,901.	816,649.	3,394,086.	4,004,202.
c Net investment earnings, gains, and losses	4,238,063.	-2,864,068.	2,551,347.	9,426,721.	3,994,115.
d Grants or scholarships				12,900.	19,500.
e Other expenditures for facilities and programs	8,732,342.	4,811,433.	5,529,083.	4,624,745.	1,660,419.
f Administrative expenses					
g End of year balance	86,328,755.	88,752,231.	94,955,831.	97,116,918.	88,933,756.

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 ▶ 80.0000 %

c Temporarily restricted endowment ▶ 13.0000 %

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:

(i) unrelated organizations **3a(i)** ☐ **Yes** ☒ **No**
(ii) related organizations **3a(ii)** ☐ **Yes** ☒ **No**

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ **Yes** ☒ **No**

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		14,365,127.	7,210,290.	7,154,837.
d Equipment		7,442,835.	7,030,752.	412,083.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,566,920.

Schedule D (Form 990) 2016

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) DUE FROM ADL FOUNDATION	3,243,279.
(2) OTHER ADVANCES AND ACCTS REC	250,275.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	3,493,554.

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	28,192,790.	
(3) DEFERRED RENT	7,031,406.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	35,224,196.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

SEE PAGE 5

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 990-T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN)."

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	1.	5.	PROGRAM SERVICES	SEE PART V	588,000.
(2) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		92,000.
(3) EUROPE	1.	2.	PROGRAM SERVICES	SEE PART V	61,000.
(4) EUROPE			INVESTMENTS		49,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	7.			790,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	7.			790,000.

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

Schedule F (Form 990) 2016

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

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

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

3 Enter total number of other organizations or entities. ►

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash 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)							

Schedule F (Form 990) 2016

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

Schedule F (Form 990) 2016

Part V Supplemental Information

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

PART I, LINE 3(1), COLUMN E

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

PART 1, LINE 3(3), COLUMN E

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

PART I, LINE 3, COLUMN F

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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

- 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 10 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 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,293,087.	252,000.	2,041,087.

- 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 NY REAL ESTATE (event type)	(b) Event #2 HOME FURNISHIN (event type)	(c) Other events 80. (total number)	(d) Total events (add col. (a) through col. (c))
	Revenue			
1 Gross receipts	1,015,082.	988,600.	18,980,098.	20,983,780.
2 Less: Contributions	1,009,082.	528,800.	9,866,561.	11,404,443.
3 Gross income (line 1 minus line 2).	6,000.	459,800.	9,113,537.	9,579,337.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs			35,555.	35,555.
7 Food and beverages	20,366.	169,124.	2,787,903.	2,977,393.
8 Entertainment		10,750.	306,991.	317,741.
9 Other direct expenses	7,526.	63,379.	2,457,522.	2,528,427.
10 Direct expense summary. Add lines 4 through 9 in column (d)				5,859,116.
11 Net income summary. Subtract line 10 from line 3, column (d)				3,720,221.

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization 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 CONSULTANTS NOTE THE MONTHLY
 RETAINER AMOUNT FOR FUNDRAISING SERVICES. ALL OTHER PAYMENTS MADE TO THE
 PROFESSIONAL FUNDRAISERS ARE REIMBURSEMENTS FOR OTHER EXPENSES INCURRED.
 SUCH EXPENSES ARE ONLY REIMBURSED BY ADL SUBSEQUENT TO PROPER
 SUBSTANTIATION AND AUTHORIZATION. THE AMOUNT REPORTED IN COLUMN (V) IS
 THE GROSS AMOUNT PAID TO THE PROFESSIONAL FUNDRAISERS. ADL PAID \$15,435

- 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).

IN REIMBURSEMENTS TO O'BRIEN GARRETT DURING 2016.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
O'BRIEN GARRETT 1133 19TH STREET, NW, SUITE 300 WASHINGTON DC 20036	DIRECT MARKETING		X	2,056,761.	222,000.	1,834,761.
MOBILE CAUSE 27001 AGOURA ROAD, SUITE 350A CALABASAS CA 91301	FUNDRAISING SERVICES	X		236,326.	30,000.	206,326.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

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

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

13-1818723

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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 noncash 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) (2016)

Part III **Grants and Other Assistance to Domestic Individuals.** 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	14.	5,000.			
3 BODINI FOUNDATION PRIZE	3.	5,000.			
4 KASE TEACHER EXCELLENCE AWARD	3.	1,500.			
5 A TRIBUTE TO MORAL COURAGE ESSAY CONTEST	10.	3,200.			
6					
7					

Part IV **Supplemental Information.** 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 II

ADL GRANTED \$10,500 TO DOMESTIC ORGANIZATIONS DURING 2016 BUT NONE OF THE GRANTS EXCEEDED \$5,000. AS SUCH, PART II IS LEFT BLANK.

Part III **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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 LINE 3(A)

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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 PREJUDICE AND REGARDS DIVERSITY AS A STRENGTH.

PART III LINE 5(A)

THE TRIBUTE TO MORAL COURAGE ESSAY CONTEST AWARDS ARE FINANCIAL AWARDS
GIVEN TO TEN 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Compensation Information

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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-1818723

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 (such as, 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 on 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Page **2****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 aren't 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 JONATHAN GREENBLATT CEO/NATIONAL DIRECTOR	(i)	234,244.	0.	38,476.	2,981.	14,638.	290,339.	0.
	(ii)	234,244.	0.	38,477.	2,982.	14,639.	290,342.	0.
2 ABRAHAM H FOXMAN NATIONAL DIRECTOR EMERITUS	(i)	63,450.	0.	82,511.	0.	0.	145,961.	0.
	(ii)	63,450.	0.	0.	0.	0.	63,450.	0.
3 CLIFFORD SCHECHTER SENIOR ADVISOR TO CEO	(i)	215,508.	0.	175,599.	5,069.	31,050.	427,226.	0.
	(ii)	38,031.	0.	30,988.	894.	5,479.	75,392.	0.
4 IRA ROBERT WOLFSON ASSOC. NAT. DIR. OF REG. OPER.	(i)	61,273.	0.	339,162.	1,895.	3,977.	406,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MICHAEL A. KELLMAN SVP, FINANCE & ADMINISTRATION	(i)	152,238.	0.	4,003.	3,579.	21,916.	181,736.	0.
	(ii)	101,492.	0.	2,668.	2,385.	14,612.	121,157.	0.
6 EVAN BERNSTEIN NEW YORK REGIONAL DIRECTOR	(i)	233,649.	24,000.	60.	5,963.	33,979.	297,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KENNETH JACOBSON DEPUTY NATIONAL DIRECTOR	(i)	238,829.	0.	1,236.	5,424.	13,788.	259,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DEBORAH GAYLE LAUTER SVP, POLICY & PROGRAMS	(i)	224,181.	0.	10,853.	5,234.	33,979.	274,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 AMANDA FRANCES SUSSKIND L.A. REGIONAL DIRECTOR	(i)	227,629.	0.	258.	5,226.	16,188.	249,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 LONNIE JAY NASATIR CHICAGO REGIONAL DIRECTOR	(i)	213,483.	0.	90.	5,036.	35,864.	254,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DAVID S WAREN VICE PRESIDENT, EDUCATION	(i)	203,343.	10,000.	138.	5,047.	36,530.	255,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 STEVEN CARL SHEINBERG GENERAL COUNSEL & SVP PRIV&SEC	(i)	104,303.	0.	45.	2,458.	17,739.	124,545.	0.
	(ii)	104,303.	0.	45.	2,459.	17,740.	124,547.	0.
13 SETH BRYSK SAN FRANCISCO REGIONAL DIR.	(i)	205,342.	0.	90.	4,942.	37,779.	248,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 THOMAS W RUDERMAN SENIOR VP, TALENT AND KNOWLEDGE	(i)	199,820.	0.	258.	769.	13,788.	214,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 FRED BLOCH SENIOR VICE PRESIDENT, GROWTH	(i)	97,991.	0.	99.	0.	4,991.	103,081.	0.
	(ii)	65,328.	0.	66.	0.	3,327.	68,721.	0.
16	(i)							
	(ii)							

Schedule J (Form 990) 2016

Part III Supplemental Information

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 ADL NATIONAL CHAIR REVIEWS A PERIODIC SUMMARY OF THE ADL CEO/NATIONAL DIRECTOR'S EXPENSE REPORTS. IN ADDITION, ALL TRAVEL COSTS RELATED TO COMPANIONS, ONCE APPROVED, ARE FULLY TAXABLE.

PART I LINE 4A

DURING THE YEAR, PAYMENTS WERE MADE TO CERTAIN INDIVIDUALS LISTED IN THE FORM 990, PART VII, SECTION A PURSUANT TO SEPARATION AGREEMENTS. IN ORDER TO PROTECT THE CONFIDENTIALITY AS SET FORTH IN AGREEMENTS, THE NAMES ARE NOT 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

Part III Supplemental Information

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.

NATIONAL DIRECTOR. THE SERP IS A RETIREMENT BENEFIT THAT IS PAID OUT OVER TIME. \$148,517 WAS PAID DURING THE YEAR ENDED DECEMBER 31, 2016 (\$81,275 WAS TAXABLE ON THE 2016 FORM W-2 AND \$67,242 WAS TAXED PREVIOUSLY) 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 EVAN BERNSTEIN IN THE AMOUNT OF \$24,000 AND DAVID WARREN IN THE AMOUNT OF \$10,000.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

**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.**

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$

Part II

Loans to and/or From Interested Persons.

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

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

Part III

Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2016

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) BLUECADET	SEE PART V	282,137.	WEB STRATEGY		X
(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).

PART IV LINE 2(B)

JOSH GOLDBLUM IS FOUNDER AND PRINCIPAL SHAREHOLDER AND CEO OF BLUECADET.

JOSH GOLDBLUM IS THE SON OF NATIONAL COMMISSIONERS JANE AND JOSEPH

GOLDBLUM.

PART IV

THE TRANSACTION REPORTED IN PART IV WAS MADE IN AN ARMS-LENGTH FASHION AND IS AT OR BELOW FAIR MARKET VALUE. NEITHER JANE GOLDBLUM NOR JOSEPH GOLDBLUM HAD ANY INVOLVEMENT IN THE DECISION MAKING PROCESS INVOLVING THE RESPECTIVE TRANSACTIONS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Noncash Contributions

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

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Employer identification number

13-1818723

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	229 .	2,086,026 .	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	178 .	340,090 .	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 isn't 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 nonstandard 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 didn't 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) (2016)

JSA

6E1298 1.000

12840P 700J 11/13/2017 1:42:44 PM V 16-7.6F

0168531-00010

PAGE 85

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

PART 1, LINE 9 COLUMN (B)

EACH STOCK GIFT IS COUNTED AS A SEPARATE CONTRIBUTED ITEM.

PART 1 LINE 25 COLUMN (B)

THE AMOUNT REPORTED REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-1818723

FORM 990, PART III, LINE 4D

PROGRAM SERVICE EXPENSES: \$10,322,216

GRANTS AND ALLOCATIONS: \$10,000

INTERNATIONAL AFFAIRS AND INTERFAITH PROGRAMS (EXPENSES

\$3,623,065) - MAINTAINS CONTACTS THROUGHOUT EUROPE, LATIN AMERICA, THE

MIDEAST, AND THE UNITED STATES FROM WHICH INFORMATION IS GATHERED

RELATING TO POLITICAL AND SOCIAL MOVEMENTS THAT IMPACT ANTI-SEMITISM AND

BIGOTRY. OBSERVES AND ANALYZES TRENDS AROUND THE WORLD RELATED TO

ANTI-SEMITISM, HATE, AND RELATED ISSUES. PREPARES AND DISSEMINATES

REPORTS AND DATA REGARDING ISRAEL'S SECURITY, U.S.-ISRAEL RELATIONS,

BIGOTRY AND ANTI-SEMITISM IN THE MIDDLE EAST. INITIATIVES EDUCATIONAL

PROGRAMS ON THE MIDEAST AND ISRAELI ISSUES, AS WELL AS ON INTERNATIONAL

BEST PRACTICES ON FIGHTING ANTI-SEMITISM AND BIGOTRY, MAINTAINS CONTACT

WITH FAITH LEADERS IN THE U.S. AND OTHER COUNTRIES. DEVELOPS PROGRAMS OF

COOPERATION ON INTERGROUP UNDERSTANDING AND HUMAN RELATIONS WITH CATHOLIC

AND PROTESTANT RELIGIOUS GROUPS AT COMMUNITY, REGIONAL, AND NATIONAL

LEVELS. PARTICIPATES IN EDUCATIONAL AND ACTION PROGRAMS IN INTERFAITH

EFFORTS. ORGANIZES TRAINING PROGRAMS AND CURRICULUM DEVELOPMENT FOR

SEMINARS AND RELIGIOUS-ORIENTED EDUCATIONAL INSTITUTIONS.

LEADERSHIP (EXPENSES \$2,857,877) - THE LEADERSHIP DIVISION IS

RESPONSIBLE FOR ATTRACTING, EDUCATING AND CULTIVATING ADL LEADERS BY

HOSTING SEVERAL ANNUAL NATIONAL MEETINGS, PROVIDING PERIODIC E-MAIL AND

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

PRINT COMMUNICATIONS ON ADL ISSUES, RECRUITING PARTICIPANTS FOR MISSIONS TO FOREIGN COUNTRIES, AND HOSTING PRIVATE MEETINGS WITH NATIONAL AND WORLD LEADERS AT ADL HEADQUARTERS. THE LEADERSHIP DIVISION PROVIDES ONGOING SUPPORT TO ADL REGIONS TO HELP ENHANCE THEIR LEADERSHIP DEVELOPMENT PROGRAMS AND ALSO OFFERS GUIDANCE AND ASSISTANCE TO REGIONAL LEADERS LOOKING TO EXPAND THEIR INVOLVEMENT ON THE NATIONAL LEVEL.

MARKETING AND COMMUNICATIONS (EXPENSES \$3,841,274) - IS RESPONSIBLE FOR STEWARDING THE BRAND OF ADL AND ENSURING MEANINGFUL CONNECTIONS AND ENGAGEMENT WITH ADL'S TARGET AUDIENCE. MARKETING AND COMMUNICATIONS IS RESPONSIBLE FOR WWW.ADL.ORG, EMAIL MARKETING MATERIALS AND VIDEO, PHOTOGRAPHY AND CREATIVE ELEMENTS NEEDED TO SUPPORT INTERNAL ADL DEPARTMENTS AND ITS REGIONAL OFFICES. ADL MARKETING AND COMMUNICATIONS PRODUCES THE ADL ANNUAL REPORT AND OUTWARD FACING CONFERENCES, SUCH AS "NEVER IS NOW", THE SUMMIT ON ANTI-SEMITISM.

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; MARTIN BUDD & JONAH NEUMAN; JONATHAN COOKLER & FAITH COOKLER; ESTA G EPSTEIN & ROBERT S EPSTEIN; SUE-ANN FRIEDMAN & MICHAEL FINKELSTEIN, JANE GOLDBLUM & JOSEPH A GOLDBLUM; ALAN H GOODMAN & DALE M

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

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; 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 2017 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, 2017.

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 TALENT AND KNOWLEDGE DEPARTMENT (T&K)
TO ALL STAFF ON AN ANNUAL BASIS. T&K ENSURES THAT ALL FORMS ARE COMPLETED
AND REVIEWS THE FORMS FOR CONFLICTS. THE DISCLOSURE FORM IS DISTRIBUTED
BY THE LEADERSHIP DIVISION TO THE MEMBERS OF THE NATIONAL COMMISSION ON
AN ANNUAL BASIS. THE LEADERSHIP DIVISION COLLECTS AND REVIEWS THEM FOR
NOTED OFFICER AND DIRECTOR CONFLICTS. A SUMMARY AND THE NOTED FINDINGS
ARE THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER, WHO THEN PROVIDES ALL
DISCLOSURES TO THE AUDIT COMMITTEE FOR FURTHER REVIEW. THE AUDIT

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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. THE EXECUTIVE COMPENSATION COMMITTEE PERFORMS A COMPENSATION REVIEW AT LEAST ONCE A YEAR.

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

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

FORM 990, PART VI, SECTION C, LINE 19

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

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

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 \$1,852,750 CONSISTS OF THE FOLLOWING AMOUNTS NOT REPORTED ON THE FORM 990; PENSION CREDIT OTHER THAN NET PERIODIC BENEFIT COST IN THE AMOUNT OF \$751,207 AND A PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE IN THE AMOUNT OF \$2,603,957 (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

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. 2016 ACCOMPLISHMENTS INCLUDED ANTI-BIAS TRAINING FOR EDUCATORS, STUDENTS AND LAW ENFORCEMENT PROFESSIONALS; CIVIL RIGHTS ADVOCACY; MONITORING AND EXPOSING OF EXTREMIST ACTIVITY; VICTIM ASSISTANCE; PROMOTION OF INTERGROUP COLLABORATION AND UNDERSTANDING; AND, RESPONSE TO HATE CRIMES AND BIAS INCIDENTS. REGIONAL OPERATIONS ASSIST REGIONS IN THEIR RECRUITMENT AND ENGAGEMENT OF QUALIFIED LEADERSHIP AND THEIR EXPANSION OF PHILANTHROPIC SUPPORT. 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.

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

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

POLICY AND PROGRAM 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 2016, ADL RESPONDED TO MORE THAN 1,800 CONSTITUENT COMPLAINTS AND MORE THAN 4,700 INQUIRIES REGARDING INTERNET HATE. ADL PROVIDED MORE THAN 500 EXTREMIST-RELATED ASSISTS TO LAW ENFORCEMENT AND MORE THAN 13,000 LAW ENFORCEMENT PROFESSIONALS PARTICIPATED IN ADL'S TRAINING PROGRAMS FOCUSED ON EXTREMISM, HATE CRIMES AND ANTI-BIAS. THROUGH 2016, THE TOTAL NUMBER OF GRADUATES OF ADL'S "ADVANCE TRAINING SCHOOL EXTREMIST AND TERRORIST THREATS COURSE" FOR LEADERS IN THE LAW ENFORCEMENT COMMUNITY TOTALS 1,100 AND MORE THAN 110,000 LAW ENFORCEMENT PERSONNEL HAVE PARTICIPATED IN ADL'S LAW ENFORCEMENT AND SOCIETY TRAINING, CONDUCTED IN PARTNERSHIP WITH THE U.S. HOLOCAUST MEMORIAL MUSEUM. IN 2016, THE LEGAL AFFAIRS DEPARTMENT FILED 12 AMICUS BRIEFS PROMOTING ADL'S AGENDA ON A RANGE OF ISSUES. AS PARTICIPANTS IN ADL'S UNIQUE SUMMER ASSOCIATE RESEARCH PROGRAM, MORE THAN 160 LAW STUDENTS WORKING AT OVER 60 LAW FIRMS IN 8 DIFFERENT REGIONS WORKED CLOSELY WITH ADL REGIONAL OFFICES TO PRODUCE MEMORANDA ON IMPORTANT ADL ISSUES.

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

EDUCATION - FURTHERS THE LEAGUE'S MISSION THROUGH THE DESIGN AND DELIVERY OF EDUCATIONAL PROGRAMS AND MATERIALS IN THE CORE PRIORITY AREAS OF ANTI-BIAS EDUCATION, SCHOOL CLIMATE AND ANTI-SEMITISM. THE EDUCATION DEPARTMENT DELIVERS THESE PROGRAMS TO PRESCHOOL THROUGH 12TH GRADE SCHOOL COMMUNITIES, COLLEGE AND UNIVERSITY CAMPUSES, COMMUNITY GROUPS, CIVIC ASSOCIATIONS, RELIGIOUS ORGANIZATIONS, YOUTH SERVICE PROVIDERS AND OTHER LEARNING VENUES. IN 2016, ADL EDUCATION PROGRAMS WERE DIRECTLY DELIVERED TO OVER 74,000 CHILDREN AND ADULTS. THE EDUCATION DEPARTMENT 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 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,

Name of the organization	Employer identification number
ANTI-DEFAMATION LEAGUE	13-1818723
ATTACHMENT 7	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ICON 307 SEVENTH AVENUE NEW YORK, NY 10001	CONSTRUCTION MGT SVC	762,153.
AGAINST ALL ODDS PRODUCTIONS II, INC. 11 RIVERSIDE DRIVE, SUITE 17CW NEW YORK, NY 10023	BOOK PRODUCTION SVCS	700,000.
BRIDGESPAN 2 COPLEY PLACE, SUITE 3700B BOSTON, MA 02116	STRATEGIC SERVICES	678,947.
FIRST INTERNATIONAL ONE PARKER PLAZA, SUITE 12 FORT LEE, NJ 07024	POLLING SERVICE	583,000.
605 CLEANING SERVICE CO. 299 PARK AVENUE NEW YORK, NY 10171	MAINTENANCE/CLEANING	423,110.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

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.

OMB No. 1545-0047

2016**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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 605 THIRD AVENUE NEW YORK, NY 10158	SUPPORT ADL	NY	501(C)(3)	7	ADL	X	
(2) ADLF COMMON FUND 13-3095748 605 THIRD AVENUE NEW YORK, NY 10158	SUPPORT ADL	NY	501(C)(3)	PF	ADL	X	
(3) ANTI-DEFAMATION LEAGUE- ISRAEL 21 JABOTINSKY STREET JERUSALEM, IS 92141	ADVOCACY	IS			ADL	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

JSA

6E1307 1.000

12840P 700J 11/13/2017 1:42:44 PM V 16-7.6F

0168531-00010

PAGE 96

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	C	17,185,568.	ACTUAL
(2) ANTI-DEFAMATION LEAGUE FOUNDATION	D	4,000,000.	ACTUAL
(3) ANTI-DEFAMATION LEAGUE FOUNDATION	E	4,000,000.	ACTUAL
(4) ANTI-DEFAMATION LEAGUE FOUNDATION	K	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.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	N	417,371.	ACTUAL
(2) ANTI-DEFAMATION LEAGUE FOUNDATION	O	3,186,526.	ACTUAL
(3) ANTI-DEFAMATION LEAGUE FOUNDATION	Q	816,616.	ACTUAL
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.