Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

AF	or the	e 201	<i>r</i> calendar year, or tax year begin	nning	, 2017	, and ending	<u> </u>			, 20
B c	heck if ap	plicable:	C Name of organization ANTI-DEFAMATION LEAGU	E				D Employer id	dentifi	cation number
	Addres		Doing Business As					13-181	872	3
	7 1	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone	numbe	er
	Initial	-	605 THIRD AVENUE					(212) 88	35-7	7700
	Termin		City or town, state or province, country, a	and ZIP or foreign postal code				,		
	Amend	ded	NEW YORK, NY 10158-35	= :				G Gross recei	ots \$	86,926,699.
	return Applic	ation	F Name and address of principal officer:	JONATHAN GREE	NBLATT			H(a) Is this a gro		
	_ pendir	ng	SAME AS C ABOVE					subordinate H(b) Are all subor		
$\overline{}$	Tay-eye	empt st) ◀ (insert no.)	4947(a)(1)	or 527				st. (see instructions)
_			WWW.ADL.ORG) (insert no.)	4347 (a)(1)	01 327		H(c) Group exer		
_			nization: X Corporation Trust	Association Other		I Voor of f	formati			e of legal domicile: DC
	art I		mmary	Association Other		L real of i	Ulliati	1011. 10 10 IVI	State	e or regar dornicile.
			y describe the organization's mission o	r most significant activities	· ADL (THE "LEAG	UE") WAS FOR	RMEI	O IN 1913
Ф	_	TO	ELIMINATE ANTI-SEMITISM	AND BIGOTRY IN	THE US	AND AROU	ND '	THE		
auc		WOR								
ern	2	Check	this box if the organization d	iscontinued its operation	s or dispose	ed of more than	25%	of its net asse	 ts	
Governance			per of voting members of the governing	•	•				3	309.
જ			er of independent voting members of t						4	307.
Activities &			number of individuals employed in cale						5	431.
ĕ			number of volunteers (estimate if neces						6	3,500.
Act			unrelated business revenue from Part V						7a	0.
			nrelated business taxable income from						7b	0.
		140t ui	Trelated business taxable income from	1 01111 000 1, 11110 04 1				Prior Year	1.0	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)					61,471,2	01.	71,717,382.
Jue	9	Progra	am service revenue (Part VIII, line 2n)		COP	Y FOR		780,9		1,025,977.
Revenue	10	Invoct	am service revenue (Part VIII, line 2g)	as 3 1 and 7d)	PUBLIC IN	ISPECTION		-1,3		19,256.
æ			revenue (Part VIII, column (A), lines 5,					3,720,2		3,439,987.
			revenue - add lines 8 through 11 (must					65,971,0		76,202,602.
			s and similar amounts paid (Part IX, colu					35,2		51,115.
			its paid to or for members (Part IX, colu					3372	0.	0.
			es, other compensation, employee bene					32,667,8		37,861,041.
Expenses								252,0		253,858.
ben	h	Total	ssional fundraising fees (Part IX, columr fundraising expenses (Part IX, column (D) line 25) > 7	784.106			232,0	•••	2337030.
Ĕ			expenses (Part IX, column (A), lines 11					25,473,4	60	26,423,199.
			expenses. Add lines 13-17 (must equal					58,428,5		64,589,213.
			nue less expenses. Subtract line 18 fron					7,542,5		11,613,389.
-Se	13	IVEVE	ide less expenses. Subtract line to from	i i ii i e i z	<u> </u>		Regina	ning of Current		End of Year
t Assets or	20	Total	assets (Part X, line 16)			F		30,629,1		38,945,602.
Asse	21		assets (Part X, line 16) liabilities (Part X, line 26)					47,170,5		45,906,989.
Net/	22		ssets or fund balances. Subtract line 21	from line 20				16,541,4		-6,961,387.
	rt II		anature Block	THORITIME 20				10/311/1	<u> </u>	077017307
		- '	of perjury, I declare that I have examined th	is return, including accompa	anvina schedu	iles and stateme	ents a	and to the hest of	of my	knowledge and helief it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	mation of whi	ch preparer has	any kn	nowledge.		
								11/1	2/2	2018
Sig	n		Signature of officer					Date		.010
He	re		JONATHAN GREENBLATT		CEO/NZ	ATIONAL D	TR			
			Type or print name and title		CEO/ 141	1110111111 1				
			Type preparer's name	Preparer's signature		Date		Charle	:4	PTIN
Paid	i	DAN	•• • •		-		2010	Check self-emplo	J "	P00504182
Pre	parer		· CDANE EHODNEON I	I.P		11/12/	<u>∠∪⊥</u> と	<u> </u>	_	-6055558
Use	Only		Thaine p		7 2012			Firm's EIN		2-599-0100
May	the I		address > 757 THIRD AVENUE, 4TH F					Phone no.		
				•	<i>,</i>				· · ·	. X Yes No
ror	raper	WOLK	Reduction Act Notice, see the separat	e aisuucions.						rorm 33U (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print ANTI-DEFAMATION LEAGUE 13-1818723 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for **605 THIRD AVENUE** filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions NEW YORK, NY 10158-3560 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► MICHAEL TOWE Telephone No. ▶ 212-885-7825 Fax No. ▶ 212-986-2967 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 17 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ✓ calendar year 20 17 or ▶ 🗌 tax year beginning ______, 20 ____, and ending _____, 20 ____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return ☐ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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P	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1		
	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.	
2	Did the organization undertake any significant program services during the year which were not listed	on the
_	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3		rogram
•	services?	
	If "Yes," describe these changes on Schedule O.	
4		
4a	a (Code:) (Expenses \$ 25,547,607. including grants of \$ 12,400.) (Revenue \$	0.)
	REGIONAL OPERATIONS - SUPERVISES AND COORDINATES THE LEAGUE'S	
	COAST-TO-COAST NETWORK OF REGIONAL AND SATELLITE OFFICES IN THE	
	UNITED STATES. EACH REGIONAL OFFICE CARRIES OUT THE LEAGUE'S	
	AGENDA IN ITS DESIGNATED GEOGRAPHIC AREA. THE REGIONAL OPERATIONS	
	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. (CONTINUED IN SCHEDULE O.)	
4 b	b (Code:) (Expenses \$ 8,354,461. including grants of \$ 10,000.) (Revenue \$	0.)
7.	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 2017, ADL RESPONDED TO MORE	
	THAN 1,900 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 15,000	
	LAW ENFORCEMENT PROFESSIONALS PARTICIPATED IN ADL'S TRAINING	
	PROGRAMS FOCUSED ON EXTREMISM, HATE CRIMES AND ANTI-BIAS.	
	(CONTINUED IN SCHEDULE O.)	
	(CONTINUED IN BEHEDOLE C.)	
40	c (Code:) (Expenses \$ 6,837,652. including grants of \$ 0.) (Revenue \$	0.)
70	MARKETING AND COMMUNCIATIONS 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 STRATEGY AND CONTENT,	
	VIDEO CREATION, PHOTOGRAPHY AND ALL MARKETING 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 AND HATE.	
_	J Other and an income (December in Collect to Co.)	
40	d Other program services (Describe in Schedule O.)	
_	(Expenses \$ 11,184,731. including grants of \$ 28,715.) (Revenue \$ 1,025,977.)	
JS/	Le Total program service expenses ► 51,924,451.	
	E1020 1.000	Form 990 (2017)
	12840P 700J 11/14/2018 8:07:20 PM V 17-7.2F 0168531-00010	PAGE

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		3.7	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	Х	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization report an amount for other habilities in Part X, line 25? If Yes, Complete Scredule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
•	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	Х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		Х

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Part l	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	252		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		71
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?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Х
	Part I.	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
33	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
J-T	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2017) Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 450 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable........ c Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? 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 Χ 2b 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X 4a **b** If "Yes," enter the name of the foreign country: ightharpoonup <u>ATTACHMENT</u> 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 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 Χ 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Х

JSA 7E1040 1.000

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

ANTI-DEFAMATION LEAGUE 13-1818723 Page 6 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 309 Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 307 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Χ 8b Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Χ 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 Did the organization have a written whistleblower policy?........ X 14 14 Did the organization have a written document retention and destruction policy?..... 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? 15a X Χ 15b 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 Χ 16a 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? Section C. Disclosure ATTACHMENT 2 List the states with which a copy of this Form 990 is required to be filed ▶_ 17

- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - | X | Own website | X | Another's website | X | Upon request | Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict 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: ► STEVEN C. SHEINBERB C/O ADL 605 THIRD AVENUE NEW YORK, NY 10158-3560 212-885-7700

Form **990** (2017)

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

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	box,	not ch unless	s per	ition more	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JONATHAN GREENBLATT	20.00									
CEO/NATIONAL DIRECTOR	20.00	Х		х				480,339.	480,341.	38,620.
(2)MARVIN NATHAN	20.00									
NATIONAL CHAIR	4.50	Х		х				0.	0.	0.
(3)MARTIN BUDD	7.00									
VICE CHAIR	1.50	Х		Х				0.	0.	0.
(4)MEYER EISENBERG	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(5)ESTA GORDON EPSTEIN	7.00									
VICE CHAIR	1.50	Х		Х				0.	0.	0.
(6)CHARLES KRISER	2.00									
VICE CHAIR	.50	Х		Х				0.	0.	0.
(7)STEVE LYONS	2.00									
VICE CHAIR	.50	X		Х				0.	0.	0.
(8)RUTH MOSS	2.00									
VICE CHAIR	0.	X		Х				0.	0.	0.
(9)GEORGE STARK	2.50									
VICE CHAIR	1.50	X		Х				0.	0.	0.
(10)MARK WILF	2.00									
VICE CHAIR	0.	X		Х				0.	0.	0.
(11)CHRISTOPHER WOLF	2.50									
VICE CHAIR	.50	X		Х				0.	0.	0.
(12)MILTON SCHNEIDER	7.00									
TREASURER	5.50	X		Х				0.	0.	0.
(13)THOMAS HOMBURGER	2.50									
SECRETARY	1.50	X		Х				0.	0.	0.
(14)STANFORD BARATZ	2.00									
ASSIST. SECRETARY	0.	X		Х				0.	0.	0.

Form **990** (2017)

Form 990 (2017) Page **8**

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than contract this both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fro orga and	(F) stimated nount of other pensation the anizatio d related anizatior	f on n d
15)	DENISE CAPLAN	2.00											
	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
$\overline{16}$	ELAINE FEUER-BARTON	2.00											
	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
$(\overline{17})$	JIM FRIED	2.00											
	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
18)	JONATHAN GLEKLEN	2.00											
	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
19)	TRACEY GROSSMAN	5.00											
==:	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
20)	JOSH GRUSHKIN	2.00											
==:	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
21)	ALAN GUBERNICK	2.00											
	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
22)	MARGARET HALL	2.00								0.			
	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
23)	JASON HALPER	2.00								0.			
	REGIONAL BOARD CHAIR	0.	Х						0.	0.			0.
24)	SCOTT HARRIS	2.00	21						0.	0.			
	REGIONAL BOARD CHAIR	0.	X						0.	0.			0.
25)	SUE HAUENSTEIN	2.00	21						0.	0.			
	REGIONAL BOARD CHAIR	0.	X						0.	0.			0.
		0.	21					Ļ	480,339.	480,341.		38,6	
	Sub-total								3,375,317.			82,7	
	Total from continuation sheets to Part VII, So	-				• •			3,855,656.				
	Total (add lines 1b and 1c)				• •	<u> </u>			<u> </u>	946,767.		21,3	00.
	Total number of individuals (including but not reportable compensation from the organization		nose 99		a a	vod	e) wno	o re	eceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former offic	er, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensated			
	employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	livid	ual						3		X
4	For any individual listed on line 1a, is the s	sum of ren	ortab	ole d	com	ner	nsatio	n ai	nd other compen	sation from the			
-	organization and related organizations gre	eater than	\$15	50.0	00?	P It	"Yes	s,"	complete Schedu	le J for such			
	individual										4	X	
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on i	fron	n anv	un	related organizati	on or individual			
	for services rendered to the organization? If "Ye										5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

R ang Form 990 (2017)

Part VII Section A. Officers, Director	s, Trustees, Ke	y En	nplo	ye	es,	and H	ligl	nest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson lirect	e than or is both a	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) MARCY HELFAND	2.00									
REGIONAL BOARD CHAIR	0.	X						0.	0.	0
27) EILEEN HERSHBERG	5.00									
REGIONAL BOARD CHAIR	0.	X						0.	0.	0
28) LINDA HORODAS	7.00									
REGIONAL BOARD CHAIR	0.	X						0.	0.	0
29) DONNA JOHNSON	2.00									
REGIONAL BOARD CHAIR	0.	X						0.	0.	0
30) JARED LINDAUER	2.00	3.7						0		
REGIONAL BOARD CHAIR	2.00	X				\vdash		0.	0.	0
31) DAVID MALIK REGIONAL BOARD CHAIR		X						0.	0.	
32) MELINDA QUIAT	2.00	Λ						0.	0.	0
REGIONAL BOARD CHAIR		X						0.	0.	0
33) PHIL RUBIN	2.00							0.	0.	0
REGIONAL BOARD CHAIR		X						0.	0.	0
34) SAM SCHAUL	2.00							0.	0.	
REGIONAL BOARD CHAIR		Х						0.	0.	0
35) DEB SHALOM	2.00									
REGIONAL BOARD CHAIR		Х						0.	0.	0
36) DAVID SLOSSBERG	2.00									
REGIONAL BOARD CHAIR	0.	Х						0.	0.	0
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)							> >		0400.000.1	
2 Total number of individuals (including bureportable compensation from the organ		nose 99		a a	DOV	e) wno	re	ceived more than	\$100,000 01	
										Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete s										3 X
4 For any individual listed on line 1a, is organization and related organization individual.	ns greater than	\$15	50,0	00?	. It	"Yes,	"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a recei for services rendered to the organization	ve or accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highes compensation from the organization. Re 										

year.

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

Part VII Section A. Officers, Directors, T (A)	(B)	<u> </u>		()			<u>.</u>	(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	ition more rson lirect	e than o is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	am com	timated nount of other pensation the	f
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WISO)	and	anizatio d relateo anization	d
7) MARINA STEPHENS	2.00											
REGIONAL BOARD CHAIR	0.	Х						0.	0.			C
8) ANN THOMPSON	2.00											
REGIONAL BOARD CHAIR	0.	Х						0.	0.			(
9) AARON VICKAR	2.00											
REGIONAL BOARD CHAIR	0.	Х						0.	0.			(
0) BARBARA BALSER	2.00											
PAST NATIONAL CHAIR	.50	Х						0.	0.			(
1) HOWARD BERKOWITZ	2.00											
PAST NATIONAL CHAIR	1.50	Х						0.	0.			(
2) KENNETH BIALKIN	2.00											
PAST NATIONAL CHAIR	.50	Х						0.	0.			(
3) BARRY CURTISS-LUSHER	2.00											
PAST NATIONAL CHAIR	.50	Х						0.	0.			(
4) BURTON LEVINSON	2.00											
PAST NATIONAL CHAIR	.50	Х						0.	0.			(
5) GLEN LEWY	2.00											
PAST NATIONAL CHAIR	7.50	Х						0.	0.			(
6) DAVID STRASSLER	2.00											
PAST NATIONAL CHAIR	.50	Х						0.	0.			(
7) ROBERT SUGARMAN	2.00											
PAST NATIONAL CHAIR	.50	Х						0.	0.			(
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							> > >					_
Total number of individuals (including but no reportable compensation from the organizati	t limited to t		liste			e) who	o re	eceived more than	\$100,000 of			
											Yes	N
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	0,0	00?	l f	"Yes	3,"	complete Schedu	sation from the le J for such	4	Х	
5 Did any person listed on line 1a receive o									on or individual			
for services rendered to the organization? If " Section B. Independent Contractors										5		X
Complete this table for your five highest co- compensation from the organization. Report												

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

Canal Composition Cana											
	Average hours per week (list any hours for	box,	unles er and	Posi neck ss per d a di	ition more rson irect	is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	า
		Individual trustee or director	Institutional trustee	ficer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
48) GLEN TOBIAS	2.00										
PAST NATIONAL CHAIR	1.50	Х						0.	0.		0
49) ROBERT NAFTALY	1.00										
HON. TREASURER	.50	X						0.	0.		0
50) BARBARA ADELMAN	1.00										
NATIONAL COMMISSIONER	1.50	Х						0.	0.		0
51) ANDREW ADELSON	1.00										
NATIONAL COMMISSIONER	0.	X						0.	0.		0
52) BENNET ALSHER	1.00										
NATIONAL COMMISSIONER	0.	X						0.	0.		0
53) DIANA ANDERSON	1.00										
NATIONAL COMMISSIONER	0.	X						0.	0.		0
54) KAREN ARTZ ASH	1.00										
NATIONAL COMMISSIONER	0.	X						0.	0.		0
55) JEROME AXELROD	1.00										_
NATIONAL COMMISSIONER	0.	X						0.	0.		0
56) RONALD BALSER	1.00										^
NATIONAL COMMISSIONER	.50	X						0.	0.		0
57) RICHARD BARTON	1.00	3.7							0		0
NATIONAL COMMISSIONER	0.	X						0.	0.		0
58) DANIEL BELLER NATIONAL COMMISSIONER	1.00								0		٥
	0.	X						0.	0.		0
1b Sub-total							>				
c Total from continuation sheets to Part	,										
d Total (add lines 1b and 1c)								l and mare then	\$100,000 of		
2 Total number of individuals (including bureportable compensation from the organ		99		u al	JOV	e) who) IE	eceived more man	\$100,000 01		
Toportubio compensation from the organ	iization p									Yes	No
3 Did the organization list any former	officer directo		40.	ıoto.	_	ادمار د	. m n	vlovos or bighos	t componented	103	140
employee on line 1a? If "Yes," complete 3										3	Х
4 For any individual listed on line 1a, is organization and related organization	ns greater than	\$15	0,0	00?	If	"Yes	5,"	complete Schedu	ıle J for such	4 X	
individualDid any person listed on line 1a recei										4	
for services rendered to the organization										5	X
Section B. Independent Contractors										•	_
1 Complete this table for your five highes compensation from the organization. Re											

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

Part VII Section A. Officers, Directors, (A)	(B)	ĺ		<i>(</i> C				(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi neck ss per	ition more	o on the structure of t	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	an com fr org an	stimated nount of other pensation om the anization d relate anization	of ion : on ed
		stee	ustee			ensated						
59) MARVIN BERENBLUM	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0
60) BARRY BERG	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
61)	1.00								_			_
NATIONAL COMMISSIONER	0.	X						0.	0.			0
62) JOSEPH BERMAN	1.00											•
NATIONAL COMMISSIONER	0.	X						0.	0.			0
63) JARED BLUM NATIONAL COMMISSIONER	1.00	X						0.	0.			0
64) LINDA BLUM	1.00	Λ						0.	0.			
NATIONAL COMMISSIONER		X						0.	0.			0
65) BRIAN BOORSTEIN	1.00	Λ.						0.	0.			
NATIONAL COMMISSIONER	0.	X						0.	0.			0
66) LYNNE BORSUK	1.00	21						<u> </u>	Ŭ.			
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
67) BERNARD BROWNSTEIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
68) JONATHAN BRUSS	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
69) LINDA CLIFTON	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
1b Sub-total												
c Total from continuation sheets to Part VI							\blacktriangleright					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but reportable compensation from the organization)		hose 99		d ab	OOV	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,0	00?	lf	"Yes	;"	complete Schedu	ile J for such	4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization? Its										5		Х
Complete this table for your five highest of compensation from the organization. Report the compensation from the organization.												

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

Part VII Section A. Officers, Directors, Tr		y En	plo			and H	ligl			ontinue		
(A) Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an com	(F) stimated nount of other pensation the	f ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	anizatio	on d
70) CLAUDIA COHEN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
71) DAVID COHEN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
72) FAITH COOKLER	1.00											
NATIONAL COMMISSIONER	1.50	X						0.	0.			0.
73) JONATHAN COOKLER	1.00											_
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
74) LAWRENCE COOPER	1.00								_			
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
75) ELLIOT COSGROVE	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
76) A. STEVEN CROWN	1.00											0
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
77) STEVEN DANIELS NATIONAL COMMISSIONER	1.00	X						0.	0.			0.
78) WILLIAM DAVIDSON	1.00	Λ						0.	0.			0.
NATIONAL COMMISSIONER	1.00	X						0.	0.			0.
79) WARREN DAVIS	1.00	Λ						0.	0.			0.
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
80) DIANE DENNIS NATIONAL COMMISSIONER	1.00	X						0.	0.			0.
1b Sub-total							\blacktriangleright					
c Total from continuation sheets to Part VII, S	Section A						\blacktriangleright					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 99		d al	bove	e) who	re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	. If	"Yes,	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of												

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

Part VII Section A. Officers, Director	s, Irustees, Ke	y En	pic			and F	ııgı		ea Employees (d	continue		
(A)	(B)			(0	-			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	ss pe d a d	more rson irect	e than or	an ee)	Reportable compensation from the	Reportable compensation from related organizations	com	stimated nount o other pensati	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d relate anizatio	on d
B1) JEFFREY DIAMOND	5.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
32) MARK DILLON	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
33) MITCHELL DUBICK	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
34) JOANNE EGERMAN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
35) JAY EISENHOFER	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
6) NORMAN EPSTEIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
7) ROBERT EPSTEIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
88) ALLEN FAGEL	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
39) KEN FEILER	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
0) ALAN FELDMAN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
01) SUSAN FINE	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
1b Sub-total	<u>'</u>											
c Total from continuation sheets to Part	VII. Section A		• • •		• •		•					
d Total (add lines 1b and 1c)	-						•					
2 Total number of individuals (including bu reportable compensation from the organ		hose		d al	ove	e) who	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete S										3		Х
4 For any individual listed on line 1a, is organization and related organization individual	s greater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization										5		Х
Section B. Independent Contractors	•											
Complete this table for your five highes compensation from the organization. Re												

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

Part VII Section A. Officers, Directors,	Trustees, Ke	y Em	plo	yee	es,	and F	lıg	hest Compensat	ed Employees (d	continue	ed)	
(A)	(B)			(C	-			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	ss pe d a d	more rson irect	e than or	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount of other pensation om the	f ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	anizatio d related anization	on d
92) STEVEN FINEMAN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
93) JUDITH FINKEL	5.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
94) MARK FINKELSTEIN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
95) MICHAEL FINKELSTEIN	1.00											
NATIONAL COMMISSIONER	.50	Х						0.	0.			0.
96) HOWARD FISCHER	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
97) BARBARA FISHBEIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
98) ANDREW FISHMAN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
99) BARRY FLEISHMAN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
LOO) JOSHUA FORCE	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
01) ANDREW FRACKMAN NATIONAL COMMISSIONER	5.00	X						0.	0.			0.
02) CHARLOTTE FRANK NATIONAL COMMISSIONER	1.00	X						0.	0.			0.
1b Sub-total							>					
c Total from continuation sheets to Part VI	l, Section A						\blacktriangleright					
d Total (add lines 1b and 1c)							>					
Total number of individuals (including but r reportable compensation from the organization)		hose 99		d at	OOV	e) who	re	eceived more than	\$100,000 of			
3 Did the organization list any former of	officer directo	r or	tri	ıcta	Δ .	kov o	mn	olovee or highes	t companyated		Yes	No
employee on line 1a? If "Yes," complete Sch	nedule J for suc	ch ind	ividu	ual						3		Х
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive	or accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual			
for services rendered to the organization? It	f "Yes," comple	te Sch	nedu	ıle J	for	such	per	rson		5		Х
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization. Report year.												

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

Part VII Section A. Officers, Directors,			•							
(A) Name and title	Average hours per week (list any hours for related	box,	not ch unles r and	s pe	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
03) MICHAEL FREELING	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
04) JULIANNA FRIEDMAN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
)5) SUE-ANN FRIEDMAN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
6) SETH GADINSKY	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
7) HAL GARNICK	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
8) SETH GERBER	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
9) NICOLE GIBSON	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
0) KARYN GINSBERG-GREENWALD	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
1) MARCIA GLASSEL	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
2) NEIL GOLDBERG	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
3) JANE GOLDBLUM	6.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	(
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	l, Section A						* * *			
Total number of individuals (including but r reportable compensation from the organization)	not limited to tl		iste				re	eceived more than	\$100,000 of	
										Yes N
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3 2
4 For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	0,00	00?	If	"Yes	,"	complete Schedu	le J for such	4 X
individual										4 21
5 Did any person listed on line 1a receive for services rendered to the organization? In Section B. Independent Contractors										5 X
Section B. independent Contractors										

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

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations	box,	unles er and	neck ss pe	rson	e than o is both or/trust emplo	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am com fro	timated tount of other pensation om the anization	f ion
	below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-WIGC)			d relateo	
114) JOSEPH GOLDBLUM	6.00											
NATIONAL COMMISSIONER	.50	X						0.	0.			0.
115) JAMIE GOLDEN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
116) ANDREW GOLDMAN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0 .
117) PEGGY GOLDMAN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0 .
L18) MARLENE GOLDSTEIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
L19) ROSLYN GOLDSTEIN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0
L20) CECILIA GOODMAN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0
L21) MARTIN GREENBERG	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0
122) DAVID GROSSMAN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0
L23) JOAN HALPERN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0
L24) FRANKLIN HARBERG	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0
1b Sub-total							\blacktriangleright					
c Total from continuation sheets to Part VII,	_						>					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but no				d al	oove	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organization	ion ►	99										
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than	\$15	0,0	00?	lf	"Yes	3,"	complete Schedu	le J for such	4	Х	
										-	_	
5 Did any person listed on line 1a receive of for services rendered to the organization? If										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co compensation from the organization. Report												

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

(4)	(5)				•			(5)	(E)	ontinued)
(A) Name and title	Average hours per week (list any hours for related	box,	not ch unles er and	s pe	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
25) DEBORAH HARRIS	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	(
6) JOHN HARRIS	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	(
7) DAVID HERSHBERG	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	(
8) EDWARD HERSHFIELD	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	(
9) SUSAN HOFFMAN	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	(
0) YOSSIE HOLLANDER	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	(
1) LOUISE HOMBURGER	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	(
2) ERIC HORODAS	7.00									
NATIONAL COMMISSIONER	.50	Х						0.	0.	(
3) MICHAEL HOROWITZ	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	(
4) DAVID ICKOVIC	1.00									
NATIONAL COMMISSIONER		Х						0.	0.	(
5) ROCHELLE JACOBSON	1.00									
NATIONAL COMMISSIONER		Х						0.	0.	(
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	-						* * *			
2 Total number of individuals (including but r reportable compensation from the organiza	ot limited to tl		liste				o re	eceived more than	\$100,000 of	
										Yes N
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3
4 For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	0,00	00?	If	"Yes	3,"	complete Schedu	le J for such	4 X
										4
5 Did any person listed on line 1a receive for services rendered to the organization? It Section B. Independent Contractors										5 X
Section B. independent Contractors										

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

Part VII Section A. Officers, Directors,	Trustees, Ke	y Em	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	ed)	
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable	Es	(F) stimated	I
	hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	rson lirect	e than of the trust Highest compensated employee	an	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org and	nount o other pensati om the anization d related anization	ion on d
136) DONNA JOHNSON	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
137) SAM JONAS	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
138) ROBERT JOSSEN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
139) MARK JUSTER	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
140) IVY KAGAN BIERMAN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
141) RHODA KAHN NUSSBAUM	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
142) DENNIS KAINEN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
143) MARC KAPLIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
144) LOUIS KAROL	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
145) MICHAEL KATZ	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
146) JOEL KAYE	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	l, Section A						> > >					
Total number of individuals (including but reportable compensation from the organization)	ot limited to t		liste				o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	0,0	00?	. It	"Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization? Its										5		Х
Complete this table for your five highest compensation from the organization. Repo												

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

Form 990 (2017)

(A)	(B)			(C	;)			(D)	(F)			
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	Posi neck i s per d a di	ition more	e the structure of the	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount o other pensati om the anization d related anization	f on on d
		stee	ustee		U	ensate						
	5.00					Ω.						
NATIONAL COMMISSIONER		Х						0.	0.			C
48) JACK KLEIN	1.00											
NATIONAL COMMISSIONER		Х						0.	0.			(
49) ALAN KLINGER	1.00											
NATIONAL COMMISSIONER		Х						0.	0.			(
50) ROBERT KLUGMAN	1.00											_
NATIONAL COMMISSIONER		Х						0.	0.			(
51) JAMIE KOHEN	1.00											_
NATIONAL COMMISSIONER		Х						0.	0.			
52) KENNETH KRANZBERG	1.00							-				
NATIONAL COMMISSIONER		Х						0.	0.			
53) CHARLES KURLAND	1.00							0.				
NATIONAL COMMISSIONER		Х						0.	0.			(
.54) JAMES KURTZ-PHELAN	1.00							0.				
NATIONAL COMMISSIONER		Х						0.	0.			
55) JONATHAN LAKE	1.00							0.	0.			_
NATIONAL COMMISSIONER		Х						0.	0.			(
56) DOUGLAS LAND	1.00							0.	0.			_
NATIONAL COMMISSIONER		Х						0.	0.			(
57) ELLIS LANDAU	5.00	21							Ŭ.			
NATIONAL COMMISSIONER	.50	X						0.	0.			(
		21						0.	Ŭ.			
1b Sub-total												
c Total from continuation sheets to Part VII	-											
d Total (add lines 1b and 1c)								acived mare than	\$100,000 of			_
reportable compensation from the organiza		99		u at	JUVE	e) WIIC	J 16	ceived more man	\$100,000 01			
Toportable compensation from the organiza-											Yes	N
2 Did the approximation list any former			4	_4_					t		163	i.
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3		Σ
										3		_
4 For any individual listed on line 1a, is the												
organization and related organizations											Х	
individual										4	Α_	
5 Did any person listed on line 1a receive										_		-
for services rendered to the organization? It	"Yes," comple	te Sch	nedu	ie J	tor	such	per	son		5		Σ
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

Part VII Section A. Officers, Directors, 1		y ⊏n	ibio			and F	ugl			· ·
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	ss pe	ition more rson irect	e than o is both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations
158) HOWARD LANDAU	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
159) JONATHAN LAVINE	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
160) FREDERICK LAWRENCE	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
161) ALAN LAZOWSKI	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
162) THOMAS LEANSE	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
163) MELVIN LECHNER	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
164) BRUNO LEDWIN	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
165) MICHAEL LERNER	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
166) BRADLEY LEVIN	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
167) JOHN LEVY	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
168) SHERRY LEVY	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
1b Sub-total		1								
c Total from continuation sheets to Part VII,							\blacktriangleright			
d Total (add lines 1b and 1c)							\blacktriangleright			
2 Total number of individuals (including but no							re	ceived more than	\$100,000 of	
reportable compensation from the organizat	ion ►	99	9							
										Yes No
3 Did the organization list any former of	ficer, directo	r, or	tru	uste	e.	kev e	mp	lovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Scho										3 X
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co- compensation from the organization. Repor										

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

Part VII Section A. O	fficers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and F	lıg	nest Compensat	ea Employees (d	continue	9 a)	
(A)		(B)			(0	C)			(D)	(E)		(F)	
Name ar	d title	Average hours per week (list any hours for	box, office	unles r and	ss pe	more rson irect	e than or is both or/truste	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount of other opensation om the	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	d
169) MAURICE LEWITT		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
170) ALAN LICHTIN		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
171) CINDY LYONS		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
172) GINNY MACDOWELL		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
173) HEIDI MANDEL		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
174) STEVE MANDELL		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
175) SYLVIA MARGOLII	ES	1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
176) CYNTHIA MARKS		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
177) TODD MARSHALL		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
178) GREGG MASHBERG		5.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
179) DANIEL MEISEL		1.00											
NATIONAL COMMIS	SSIONER	0.	Х						0.	0.			0.
1b Sub-total													
c Total from continuation	on sheets to Part VII. S	ection A			• •	• •		•					
d Total (add lines 1b an		-						•					
2 Total number of individ								re	ceived more than	\$100.000 of			
	ion from the organization		99				-,			+ ,			
	<u> </u>											Yes	No
	list any former offic												
employee on line 1a?	f "Yes," complete Sched	uie J for sud	cn ina	ivial	uai	• •		• •			3		X
organization and rel	ed on line 1a, is the attention atte	eater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4	X	
	on line 1a receive or												
	o the organization? If "Yo										5		Х
Section B. Independent C		,						,					
	r your five highest com												

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

Form 990 (2017)

	rt VII Section A. Officers, Directors, Tru	Joices, Ne	у ші	ipio	ye	es,	anu n	ııgı		eu Employees (c	Onlinue	a)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos heck ss pe	erson	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	timated ount of other pensation the	of ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	anizatio I relate nizatio	on ed
180)	LEAH MENDELSOHN	1.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
181)	LAURA MERAGE	1.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
182)	JUDITH MEYER	5.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
183)	LAWRENCE MILLER	6.00											
	NATIONAL COMMISSIONER	.50	Х						0.	0.			0.
184)	JACOB MOROWITZ	1.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
185)	MARSHA MOSES	1.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
186)	GEORGE MOSS	1.00											
	NATIONAL COMMISSIONER	3.50	Х						0.	0.			0.
187)	RICHARD MOSS	1.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
188)	WILLIAM MOWAT	1.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
189)	NICOLE MUTCHNIK	1.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
190)	JILL NADEL	1.00											
	NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)							> >					
2	Total number of individuals (including but not reportable compensation from the organization		nose 99		a a	DOV	e) wno	re	eceived more than	\$100,000 01			
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes,	,"	complete Schedu	le J for such	4	X	
_	individual										4	21	
5 	Did any person listed on line 1a receive or for services rendered to the organization? If "You tion B. Independent Contractors										5		Х
⊃e ′	Alon B. muepenuent Contractors												

year.

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

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191 JONAH NEUMAN 1.00 NATIONAL COMMISSIONER 0. x 0. x 0. NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. x 0.	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and I	ligl	hest Compensat	ed Employees (d	continued)
NATIONAL COMMISSIONER 0. x 0. 0. 0. 192) VALERIE NEWBERG 1.00	* *	Average hours per week (list any hours for related organizations below dotted	box,	unles er and	Pos heck ss pe d a d	more rson lirect	is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of
192	191) JONAH NEUMAN	1.00					_				
NATIONAL COMMISSIONER	NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
193) HARRIET NICHOLS NATIONAL COMMISSIONER 0.		1.00									
NATIONAL COMMISSIONER	NATIONAL COMMISSIONER	0.	X						0.	0.	0.
194) SHARYN NICHOLS	193) HARRIET NICHOLS	1.00									
NATIONAL COMMISSIONER			Х						0.	0.	0.
195) STEVEN NICHOLS NATIONAL COMMISSIONER .50 X 0. 0. 196) SUSIE NODDLE NATIONAL COMMISSIONER 0. X 0. 0. 197) RICHARD NODEL 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 198) SCOTT NOTOWITZ 5.00 NATIONAL COMMISSIONER 0. X 0. 0. 199) NEIL OBERFELD 5.00 NATIONAL COMMISSIONER 0. X 0. 0. 200) NORMAN OBLON NATIONAL COMMISSIONER 0. X 0. 0. 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 202) 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 ► 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	194) SHARYN NICHOLS	1.00									
NATIONAL COMMISSIONER 5.50 x 0. 0. 0. 196) SUSIE NODDLE 1.00 NATIONAL COMMISSIONER 0. x 0. 0. 197) RICHARD NODEL 1.00 NATIONAL COMMISSIONER 0. x 0. 0. 198) SCOTT NOTOWITZ 5.00 NATIONAL COMMISSIONER 0. x 0. 0. 199) NEIL OBERFELD 5.00 NATIONAL COMMISSIONER 0. x 0. 0. 200) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. x 0. 0. 201) THOMAS 0'BRIEN 1.00 NATIONAL COMMISSIONER 0. x 0. 0. 1b Sub-total 0. x 0. 0. 2 Total from continuation sheets to Part VII, Section A 0. 0. 0. 2 Total from continuation sheets to Part VII, Section A 0. 0. 0. 2 Total funder of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			X						0.	0.	0.
196) SUSIE NODDLE NATIONAL COMMISSIONER 0. X 0. 0. 197) RICHARD NODEL NATIONAL COMMISSIONER 0. X 0. 0. 198) SCOTT NOTOWITZ NATIONAL COMMISSIONER 0. X 0. 0. 199) NEIL OBERFELD NATIONAL COMMISSIONER 0. X 0. 0. 199) NEIL OBERFELD NATIONAL COMMISSIONER 0. X 0. 0. 100) NORMAN OBLON NATIONAL COMMISSIONER 0. X 0. 0. 101) THOMAS 0'BRIEN NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 10201) THOMAS 0'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 105 105 105 105 106 107 107 107 107 107 107 107		L									
NATIONAL COMMISSIONER 0. X 0. 0. 197) RICHARD NODEL 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 198) SCOTT NOTOWITZ 5.00 NATIONAL COMMISSIONER 0. X 0. 0. 199) NEIL OBERFELD 5.00 NATIONAL COMMISSIONER 0. X 0. 0. 200) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 1b Sub-total CTOMAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 1b Sub-total CTOMAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 202) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 203) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 204) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 205) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 206) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 207) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 208) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 209) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 202) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 203) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 204) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 205) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 206) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 207) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 208) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 202) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 203) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0. 204) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 0.		.50	X						0.	0.	0.
197) RICHARD NODEL 1.00	196) SUSIE NODDLE	1.00									
NATIONAL COMMISSIONER 0. X 0. 0. 198) SCOTT NOTOWITZ 5.00	NATIONAL COMMISSIONER	0.	Х						0.	0.	0 .
198) SCOTT NOTOWITZ NATIONAL COMMISSIONER 0. X 0. 0. 199) NEIL OBERFELD NATIONAL COMMISSIONER 0. X 0. 0. 0. 100) NORMAN OBLON NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 1 HOMAS O'BRIEN NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 1 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 ▶ 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	197) RICHARD NODEL	1.00									
NATIONAL COMMISSIONER 0. X 0. 0. 199) NEIL OBERFELD 5.00 NATIONAL COMMISSIONER 0. X 0. 0. 200) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A	NATIONAL COMMISSIONER	0.	X						0.	0.	0 .
199) NEIL OBERFELD 5.00 NATIONAL COMMISSIONER 0. X 0. 0. 200) NORMAN OBLON 1.00 NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 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 ▶ 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	198) SCOTT NOTOWITZ	5.00									
NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 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 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			X						0.	0.	0 .
200) NORMAN OBLON NATIONAL COMMISSIONER 201) THOMAS O'BRIEN NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 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 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	199) NEIL OBERFELD	5.00									
NATIONAL COMMISSIONER 0. X 0. 0. 201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 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 ▶ 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			X						0.	0.	0 .
201) THOMAS O'BRIEN 1.00 NATIONAL COMMISSIONER 0. X 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 ▶ 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	200) NORMAN OBLON	1.00									
NATIONAL COMMISSIONER 0. X 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 ▶ 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	NATIONAL COMMISSIONER	0.	Х						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 ▶ 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	201) THOMAS O'BRIEN	1.00									
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 99 Yes Joid 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 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	NATIONAL COMMISSIONER	0.	X						0.	0.	0
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	c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c) 2 Total number of individuals (including but not line)	limited to t	hose	liste			e) who	► ► • re	eceived more than	\$100,000 of	
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	reportable compensation from the organization	n ▶	99)							
	employee on line 1a? If "Yes," complete ScheduFor any individual listed on line 1a, is the statement	ule J for suc sum of rep	ch ind oortab	livida de c	<i>ual</i> com	per	sation	n ai	nd other compens	sation from the	Yes No
											4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors 1. Complete this table for your five highest componented independent contractors that received more than \$100,000 of	· · · · · · · · · · · · · · · · · · ·										

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

R ang Form 990 (2017)

Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	plo	ye	es,	and H	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	Average hours per week (list any hours for						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
202) ROBERT OGAN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
203) JEFFREY PARKER	1.00									_
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
204) SHELLEY PARKER	6.00									
NATIONAL COMMISSIONER	4.50	X						0.	0.	0.
205) NANCY PARRIS-MOSKOWITZ	1.00	,							0	0
NATIONAL COMMISSIONER 206) DENNIS PASSIS	1.00	X						0.	0.	0.
NATIONAL COMMISSIONER	$-\frac{1.00}{0.}$	X						0.	0.	0.
207) A. ROSS PEARLSON	1.00	21						0.	0.	0.
NATIONAL COMMISSIONER	$-\frac{1.00}{0.}$	X						0.	0.	0.
208) STEVEN PEPPER	1.00							0.	0.	<u> </u>
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
209) FLORIE PERELLIS	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
210) MICHAEL PERLOW	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
211) AUDREY PLOTKIN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
212) LORNE POLGER	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	=						^ ^ ^			
Total number of individuals (including but no reportable compensation from the organization)		hose 99		d al	bov	e) who	re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,0	00?	. It	"Yes,	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest or compensation from the organization. Repor										

year.

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

Form 990 (2017) Page **8**

Part VII Section A. Officers, Directors, 7		y L 11	ipic			and i	iigi			Jornand		
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e is or/trust e is or/trust e mployee	an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ar com fi org an	(F) stimated mount of other npensat rom the ganizatio d relate anizatio	of ion on d
13) JANET POZMANTIER	1.00					_						
NATIONAL COMMISSIONER	0.	Х						0.	0.			C
14) ELIZABETH PRICE	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			C
15) HARVEY PRINCE	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			C
16) SUZANNE PRINCE	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			(
17) DAVID PUDLIN	1.00	,										,
NATIONAL COMMISSIONER	0.	X						0.	0.			
18) STEPHEN QUEEN NATIONAL COMMISSIONER	1.00							0.	0.			_
19) JONATHAN QUINN	1.00	X						0.	0.			(
NATIONAL COMMISSIONER	$-\frac{1.00}{0}$	X						0.	0.			(
20) STEVEN RABITZ	1.00	Λ.						0.	0.			_
NATIONAL COMMISSIONER	0.	X						0.	0.			(
21) KENNETH RAISLER	1.00							0.				
NATIONAL COMMISSIONER	0.	Х						0.	0.			(
22) ALAN RAUSS	1.00											_
NATIONAL COMMISSIONER	0.	Х						0.	0.			C
23) ARTHUR REIDEL	6.00											
NATIONAL COMMISSIONER	.50	Х						0.	0.			(
1b Sub-total	'						—					
c Total from continuation sheets to Part VII,							•					
d Total (add lines 1b and 1c)	-						•					
2 Total number of individuals (including but no							o re	ceived more than	\$100,000 of			
reportable compensation from the organizat	ion 🕨	99	9									
											Yes	N
3 Did the organization list any former of employee on line 1a? If "Yes," complete School										3		Σ
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for such		77	
individual										4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization? If	"Yes," comple	te Scl	nedu	ıle J	l for	such	per	son		5		X
Section B. Independent Contractors 1 Complete this table for your five highest co												

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

Part VII Section A. Officers, Directors, Tr		y Em	plo			and F	tig	1		ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos heck ss pe d a d	more rson lirect	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d relateo anization	b
24) JOSHUA REISMAN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
25) MARC REISSNER	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
26) BURTON RESNICK	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
27) MYRON RESNICK	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
28) ILENE RISPLER	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
29) JEFFREY ROBBINS	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
30) RACHEL ROBBINS	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
31) BERNARD ROBERTS	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
32) MONICA ROSENBLUTH	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
33) GIDEON ROTHSCHILD	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
34) MICHAEL ROTHSTEIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
1b Sub-total							•					
c Total from continuation sheets to Part VII, §				• •			•					
d Total (add lines 1b and 1c)							•					
2 Total number of individuals (including but not							re	eceived more than	\$100,000 of			
reportable compensation from the organization		99				,			,			
											Yes	No
3 Did the organization list any former offi	cer. directo	r. or	tru	ıste	e.	kev e	mn	olovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the												
organization and related organizations granizations individual	eater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "</i>)										5		Х
Section B. Independent Contractors	.,											
Complete this table for your five highest concompensation from the organization. Report												

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

Form 990 (2017) Page 8

Part VII Section A. Officers, Directors, T	ustees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any) hours for related (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1033-WIGG)	organization and related organizations
235) ARNOLD RUBIN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
236) CHERI RUBIN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
237) MICHAEL RUBIN	1.00	- 37								0
NATIONAL COMMISSIONER 238) GEORGE RUDOLPH	1.00	X						0.	0.	0.
NATIONAL COMMISSIONER	$-\frac{1.00}{0}$	X						0.	0.	0.
239) JAMES RUDOLPH	1.00							0.	0.	0.
NATIONAL COMMISSIONER		X						0.	0.	0.
240) DEBORAH RUDY	1.00								· ·	· ·
NATIONAL COMMISSIONER		X						0.	0.	0.
241) LILY SAAD	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
242) JANE SAGINAW	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
243) LEONARD SAHN	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
244) STEPHEN SALTZMAN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
245) JEFFREY SAPER	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	_						* * *			
Total number of individuals (including but no reportable compensation from the organization)	t limited to t		liste			e) who	re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scher										3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?) It	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest concompensation from the organization. Report										

year.

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

R ang Form 990 (2017)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinue	ed)	-9
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	ss pe d a d	ition more rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anization	t
246) MITCHELL SARANOW	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
247) MARLENE SASSON RECHT	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
248) LEWIS SASSOON	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
249) BEN SAX	6.00											
NATIONAL COMMISSIONER	2.50	X						0.	0.			0.
250) DAVID SCHAEFER	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
251) RICHARD SCHAPS	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
252) IAN SCHARFMAN	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
253) MARC SCHEINESON	1.00											_
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
254) MARC SCHNEIDER	1.00											•
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
255) STEVEN SCHRAM	1.00											•
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
256) DALE SCHWARTZ	1.00											0
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
1b Sub-total												
c Total from continuation sheets to Part VII,	-											
d Total (add lines 1b and 1c)							_		1			
2 Total number of individuals (including but no reportable compensation from the organizati		nose 99		a ar	OOV	e) wnc	o re	eceived more than	\$100,000 of			
- reportable compensation from the organizati	OII P										Vaa	N _a
- Billion 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											Yes	No
employee on line 1a? If "Yes," complete Sche	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									3		Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	X		
5 Did any person listed on line 1a receive o										-		
for services rendered to the organization? <i>If "</i>										5		Х
Section B. Independent Contractors	. so, comple	.5 501	.000	., 0	,01	34011	701					
Complete this table for your five highest contains the second secon	mpensated i	ndene	ende	ent o	con	tracto	rs t	hat received more	than \$100 000 o	of		
compensation from the organization. Report												

year.

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

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

R ang Form 990 (2017)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es,	and F	lig	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	Average hours per week (list any hours for			(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensation	f				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anization	t
257) PAMELA SCHWARTZ	6.00											
NATIONAL COMMISSIONER	.50	X						0.	0.			0.
258) LARRY SCOTT	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
259) MICHAEL SERLING	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
260) GIL SEROTA	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
261) NEAL SHAPERO	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
262) JAMES SHAPIRO	1.00											
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
263) MICHAEL SHEETZ	6.00											
NATIONAL COMMISSIONER	.50	X						0.	0.			0.
264) TERRY SHERMAN RALSTON	1.00								_			_
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
265) HOWARD SHERWOOD	1.00											•
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
266) JEFFREY SIMON	1.00											•
NATIONAL COMMISSIONER	1.50	X						0.	0.			0.
267) PAMELA SIMON	1.00											0
NATIONAL COMMISSIONER	0.	X						0.	0.			0.
1b Sub-total												
c Total from continuation sheets to Part VII,	_											
d Total (add lines 1b and 1c)							_		<u> </u>			
2 Total number of individuals (including but not reportable compensation from the organization		nose 99		a ar	oov	e) wnc	o re	eceived more than	\$100,000 of			
- reportable compensation from the organization	лі Р										Vaa	N _a
6 Bil il i											Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	dule J for suc	ch ind	lividu	ual			• •			3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								4	X			
5 Did any person listed on line 1a receive or										-		
for services rendered to the organization? If "										5		Х
Section B. Independent Contractors	- 2, 23111010	. 5 501			. 01	20011	,					
Complete this table for your five highest cor	npensated in	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$100,000 o	f		
compensation from the organization. Report	compensati	on for	the	cal	lend	dar ye	ar e	ending with or with	nin the organization	n's tax		

year.

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

Form 990 (2017)

related	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo			and F	ııg		ea Employees (d	
1.00		Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	more rson lirect	is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
NATIONAL COMMISSIONER		below dotted	dividual trustee director	stitutional trustee	ficer	y employee	ghest compensated	rmer		(W-2/1033-MIGO)	•
ROBYN SPERING	68) HELEN SPECTOR	1.00									
NATIONAL COMMISSIONER	NATIONAL COMMISSIONER	0.	Х						0.	0.	
Total from Commissioner 1.00 x 0.0 0.	69) ROBYN SPERLING	1.00									
NATIONAL COMMISSIONER	NATIONAL COMMISSIONER	0.	X						0.	0.	
The first composition The	70) CHARLES STEINBERG	1.00									
NATIONAL COMMISSIONER	NATIONAL COMMISSIONER	0.	Х						0.	0.	
REG STEWART	71) ELLEN STERNWEILER	1.00									
NATIONAL COMMISSIONER	NATIONAL COMMISSIONER	0.	Х						0.	0.	
NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 1.00	72) GREG STEWART	1.00									
NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 0. X 0. 0. To sub-total commissioner 0. X 0. 0. To sub-total continuation sheets to Part VII, Section A 0. 0. To total from continuation sheets to Part VII, Section A 0. 0. To total form continuation from the organization ▶ 99 Yes 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 1. 3		0.	Х						0.	0.	
Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	73) ALLAN STEYER	1.00									
NATIONAL COMMISSIONER		0.	X						0.	0.	
NATIONAL COMMISSIONER 1.00 0.0	274) STEPHEN SUSMAN	1.00									
NATIONAL COMMISSIONER 0. X 0. 0. R76) MARLA TANENBAUM 1.00 NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 0. 0. R77) CHUCK TAYLOR 1.00 NATIONAL COMMISSIONER 0. X 0. 0. R88) LEAH TEMKIN 1.00 NATIONAL COMMISSIONER 0. X 0. 0. B Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 99 Yes J Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 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 for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?			Х						0.	0.	
NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 1.00	275) ZENA TAMLER	1.00									
NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 0. X 0. 0. NATIONAL COMMISSIONER 0. X 0. 0. Stable Leah Temkin 1.00 NATIONAL COMMISSIONER 0. X 0. 0. Total from continuation sheets to Part VII, Section A 0. 0. Total (add lines 1b and 1c) 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization			X						0.	0.	
NATIONAL COMMISSIONER 1.00 NATIONAL COMMISSIONER 1.00		1.00									
NATIONAL COMMISSIONER 0. X 0. 0. 178) LEAH TEMKIN 1.00 NATIONAL COMMISSIONER 0. X 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 ▶ 99 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5			X						0.	0.	
1.00 NATIONAL COMMISSIONER 1.00 X 0. 0.		1.00									
NATIONAL COMMISSIONER 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)			X						0.	0.	
to 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 ▶ 99 Yes 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		-+									
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 ▶ 99 Yes 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	NATIONAL COMMISSIONER	0.	X						0.	0.	
reportable compensation from the organization ▶ 99 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	c Total from continuation sheets to Part VII,	_			 	 	 	> > >			
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					d al	bove	e) who	re	eceived more than	\$100,000 of	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations g	eater than	\$15	0,0	00?	. If	"Yes	3,"	complete Schedu	le J for such	4 X
for services rendered to the organization? If "Yes," complete Schedule J for such person											7 11
Section B. Independent Contractors											5

year.

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

Form 990 (2017) Page **8**

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	yee	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more	e than contrust e mployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
279) NANCY TIMM	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
280) JAY TOBIN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
281) WENDY TONKIN	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
282) TRACY TREGER	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
283) STEVEN UNGERLEIDER	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0.
284) JOHN WALLACH	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0.
285) JAMES WALLACK	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0 .
286) LENORE WAX	1.00									
NATIONAL COMMISSIONER	0.	Х						0.	0.	0 .
287) ALAN WEIL	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0 .
288) GREGG WEINER	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0 .
289) MIRIAM WEISMAN	1.00									
NATIONAL COMMISSIONER	0.	X						0.	0.	0
to Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to t	hose	liste			e) who	> re	eceived more than	\$100,000 of	
reportable compensation from the organizat	ion 🕨	99)							
 3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche 4 For any individual listed on line 1a, is the organization, and related organization. 	edule J for suce sum of rep	ch ind oortab	livida de c	<i>ual</i> com	per	sation	 n ai	nd other compens	sation from the	Yes No
organization and related organizations of individual										4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
4 Complete this table for your five highest as			۔ ا۔ ۔۔ ۔						than \$4,00,000 a	

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

Form 990 (2017) Page **8**

Part VII Section A. Officers, Direct	tors, Trustees, Ke	y En	plo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related	box,	not ch unles er and	s pe l a d	ition more rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com	(F) stimated nount of other opensation the	of ion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	an	anizatio d relate anizatio	d
290) MITCHELL WESELEY	7.00											
NATIONAL COMMISSIONER	2.50	Х						0.	0.			0
91) D. RICHARD WILLIAMS	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
292) BARRY WINOGRAD	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
293) JONATHON WISE	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
294) DAVID WITTENSTEIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
95) JACQUES WOLF	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
96) ERIC WOLKOFF	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
297) HARVEY WOLKOFF	1.00	21							· ·			
NATIONAL COMMISSIONER	0.	Х						0.	0.			0
98) ERIC ZACHS	1.00	21						0.	0.			
NATIONAL COMMISSIONER		X						0.	0.			C
199) STEPHEN ZACK	1.00	Λ						0.	0.			
	+								0			0
NATIONAL COMMISSIONER	0.	X						0.	0.			0
00) MARJORIE ZESSAR	1.00											_
NATIONAL COMMISSIONER	0.	Х						0.	0.			C
1b Sub-total												
c Total from continuation sheets to F												
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including	-			d at	oove	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the or	ganization >	99)									
											Yes	N
3 Did the organization list any for employee on line 1a? If "Yes," complete										3		X
4 For any individual listed on line 1a organization and related organization	tions greater than	\$15	0,00	00?	If	"Yes	,"	complete Schedu	le J for such		1,.	
individual										4	X	
5 Did any person listed on line 1a re												
for services rendered to the organiza	tion? If "Yes," comple	te Scł	nedu	le J	l for	such	per	son		5		X
Section B. Independent Contractors												

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

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

(A) Name and title 01) MARTINE ZINN NATIONAL COMMISSIONER	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	ss pe	ition more rson lirect	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	organizations below dotted	dividual trust	stitutio	ffice	1 99	역 표	F	the	organizations (W-2/1099-MISC)	compensation from the
		ee	Institutional trustee	er	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W 2/1000 MICO)	organization and related organizations
MATTONAL COMMICCIONED	1.00									
NATIONAL COMMITSSIONER	0.	Х						0.	0.	(
02) ABRAHAM H FOXMAN	3.50									
NATIONAL DIRECTOR EMERITUS	2.50	Х						165,875.	84,600.	(
)3) MELVIN SALBERG	2.00									
PAST NAT'L CHAIR (THRU 11/17)	.50	Х						0.	0.	(
04) JAMES GROSFELD	2.00									
VICE CHAIR (THRU 11/17)	0.	Х						0.	0.	(
)5) JEFFREY L. BAKER	1.00									
NATL COMMISSIONER (THRU 11/17)	0.	Х						0.	0.	
06) MARTIN H. BELSKY	1.00									
NATL COMMISSIONER (THRU 11/17)		Х						0.	0.	
)7) ERIC BERG	5.00									
NATL COMMISSIONER (THRU 2/17)		Х						0.	0.	(
08) JOAN E. BERGER	1.00									
NATL COMMISSIONER (THRU 11/17)		Х						0.	0.	
9) ADAM M. COLE	5.00									
NATL COMMISSIONER (THRU 10/17)	-+	Х						0.	0.	
.0) LEE H. DAVIS	1.00									
NATL COMMISSIONER (THRU 3/17)		Х						0.	0.	
11) MARSHAL ELOVICH	1.00									
NATL COMMISSIONER (THRU 11/17)		Х						0.	0.	
4h Oub tatal									0.	
1b Sub-total c Total from continuation sheets to Part VII,										
d Total (add lines 1b and 1c)	_									
2 Total number of individuals (including but not) ro	coived more than	\$100,000 of	
reportable compensation from the organization		99		u ai	JOV	S) WIII	<i>J</i> 10	cerved more man	φ100,000 01	
- openasio componeation nom tile erganizatio										Yes N
2 Did the organization list any former offi	ioor dirooto		4	ıoto	^	kov. c	. m n	lovos or highes	t componented	103 1
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee										3
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4 X
individual										4 41
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5
Section B. Independent Contractors 1 Complete this table for your five highest cor										

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

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	yee	es,	and H	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the					
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
312) SHERRIE FRACHTMAN	1.00	- 37						0	0	0
NATL COMMISSIONER (THRU 11/17)	5.00	X						0.	0.	0.
NATL COMMISSIONER (THRU 11/17)	_+	X						0.	0.	0.
314) JULIE GAL	1.00								0.	· ·
NATL COMMISSIONER (THRU 11/17)		X						0.	0.	0.
315) LAWRENCE E. GLICK	1.00									
NATL COMMISSIONER (THRU 11/17)	0.	Х						0.	0.	0.
316) EUGENE GOLDSTEIN	1.00									
NATL COMMISSIONER (THRU 11/17)	0.	Х						0.	0.	0.
317) JAY HACK	1.00									
NATL COMMISSIONER (THRU 9/17)	0.	Х						0.	0.	0.
318) PHILIP KORN	1.00									
NATL COMMISSIONER (THRU 11/17)		X						0.	0.	0.
319) MICHAEL MERLIN	$\frac{1.00}{0.}$	37								0
NATL COMMISSIONER (THRU 11/17)	1.00	X						0.	0.	0.
NATL COMMISSIONER (THRU 11/17)	_+	X						0.	0.	0.
321) CAROL OSTROW	1.00	21						0.	0.	0.
NATL COMMISSIONER (THRU 11/17)	_+	X						0.	0.	0.
322) AVNER PORAT	1.00									
NATL COMMISSIONER (THRU 11/17)	0.	Х						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 no reportable compensation from the organizati		hose		d al	bove	e) who	re	eceived more than	\$100,000 of	
	-									Yes No
3 Did the organization list any former off	icer directo	or or	tri	ıcta	_	kev e	mn	Novee or highes	t compensated	100 110
employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the	sum of rea	oortah	ole d	nm	ner	sation	aı	nd other compen	sation from the	
organization and related organizations of	reater than	\$15	50,0	00?	. If	"Yes,	,"	complete Schedu	le J for such	4 X
individual										4
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5 X
Section B. Independent Contractors	. 50, 50111010	.0 001	···	0	, 51	34011	337			
Complete this table for your five highest co compensation from the organization. Report										

year.

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

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Part VII Section A. Officers, Directors, Tru		y <u>∟</u> 11	ιριυ			ariu I	ııyı		1 1				
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson	e is or/tru Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) stimated nount o other pensation om the anization d related anization	f on n d	
323) JOHN A. RAPHAEL	1.00												
NATL COMMISSIONER (THRU 3/17)	0.	Х						0.	0.			0	
24) LARRY RASKY	1.00												
NATL COMMISSIONER (THRU 11/17)	0.	Х						0.	0.			0	
25) GREG ROSENTHAL	1.00												
NATL COMMISSIONER (THRU 11/17)	0.	Х						0.	0.			C	
26) ANDREW C. SNYDER	1.00												
NATL COMMISSIONER (THRU 11/17)	0.	Х						0.	0.			C	
27) GERALD STEMPLER	1.00												
NATL COMMISSIONER (THRU 11/17)	0.	Х						0.	0.			(
28) ROBYN TEPLITZKY	5.00												
NATL COMMISSIONER (THRU 12/17)	0.	Х						0.	0.			(
329) ANDREW H. TISCH	1.00												
NATL COMMISSIONER (THRU 3/17)	0.	Х						0.	0.			(
30) JEROME H. TURK	1.00												
NATL COMMISSIONER (THRU 10/17)	0.	Х						0.	0.			(
31) GARY ZAUSMER	1.00												
NATL COMMISSIONER (THRU 12/17)	0.	Х						0.	0.			(
32) HOWARD W. GOLDSTEIN	1.00												
NATIONAL COMMISSIONER	0.	Х						0.	0.			(
33) JEFFREY B. GREENE	1.00											_	
NATIONAL COMMISSIONER	0.	Х						0.	0.			(
1h Cub total								0.					
1b Sub-total													
c Total from continuation sheets to Part VII, S	-											_	
d Total (add lines 1b and 1c)							2 10	coived more than	\$100,000 of				
reportable compensation from the organization		99		u ai	JUV	s) wiid	J 16	ceived more man	φ100,000 OI				
Toportable compensation from the organization											Yes	N	
2 Did the experientian list and former office	1:4-		4		_			laa an binbaa			163	- 13	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.										3		Σ	
										3			
4 For any individual listed on line 1a, is the													
organization and related organizations gro										4	Х		
individual										4	Λ		
5 Did any person listed on line 1a receive or										_		Х	
for services rendered to the organization? If "Y	es, comple	ie Scr	ieau	iie J	ior	sucn	per	SON		5	L		
Section B. Independent Contractors 1 Complete this table for your five highest com													

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 ▶

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Part VII Section A. Officers, Directors, Tru	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)	box,	unles	Pos neck ss pe	rson	e than or/trust e is or/trust e or/trust e mployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fro orga and	(F) stimated nount of other pensation the anization drelated anization	on n
(334) ALLAN J. JACOBS	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
(335) SAMUEL LEVY	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
(336) DANIEL MARIASCHIN	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
(337) LAWRENCE ROSENBLOOM	6.00											
NATIONAL COMMISSIONER	.50	Х						0.	0.			0.
(338) MOISHE SMITH	1.00											
NATIONAL COMMISSIONER	0.	Х						0.	0.			0.
339) CLIFFORD SCHECHTER	34.00											
INTERNAL CONSULTANT	6.00			Х				509,149.	0.		4.4	90.
(340) MICHAEL A. KELLMAN	24.00											
CHIEF FINANCIAL OFFICER	16.00			Х				154,532.	103,021.		37,3	15.
(341) DEBORAH G. LAUTER	40.00								•			
SENIOR V.P, POLICY & PROGRAMS	0.	-			X			493,976.	0.		27,1	01.
(342) DAVID S. WAREN	40.00							-				
V.P, REGIONAL OPERATIONS	0.	-			X			238,756.	0.		33,9	74.
(343) FREDERIC BLOCH	24.00											
SENIOR VICE PRESIDENT, GROWTH	16.00	1			X			232,506.	155,005.		16,8	83.
(344) THOMAS W. RUDERMAN	40.00							,				
SENIOR V.P, TALENT & KNOWLEDGE	0.				X			225,758.	0.		14,3	30.
							_					
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-			 		 	>					
2 Total number of individuals (including but not	limited to tl				oove	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organization	n ▶	99)									
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	lividu	ual						3		X
4 For any individual listed on line 1a, is the	sum of ren	ortab	ole d	om	per	satio	n ai	nd other compens	sation from the			
organization and related organizations gre	eater than	\$15	0,0	00?	If	"Yes	s,"	complete Schedu	le J for such			
individual										4	Х	
5 Did any person listed on line 1a receive or	accrue coi	mpen	satio	on f	fron	n any	un	related organization	on or individual			
for services rendered to the organization? If "Ye										5		X

Section B. Independent Contractors

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

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

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	s,	and F	ligl	hest Compensat	ed Employees (c	ontinue	<i>d)</i>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	ss per d a di	tion more	n ook had been sated en is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est amo comp fro orga and	(F) imated ount of other censation om the unization related nizations
345) STEVEN CARL SHEINBERG	20.00										
GENERAL COUNSEL & SVP PRIVACY	20.00				Х			123,799.	123,800.		34,771
346) STACY M. BURDETT	40.00										
VICE PRESIDENT, GOV'T RELATION	0.					X		287,475.	0.		1,719
347) EVAN BERNSTEIN	40.00										
REGIONAL DIRECTOR	0.					X		247,549.	0.		30,395
348) LONNIE J. NASATIR	40.00										
REGIONAL DIRECTOR	0.					Х		228,947.	0.		33,135
349) SETH BRYSK	40.00										
REGIONAL DIRECTOR	0.					X		224,685.	0.		33,764
350) KENNETH JACOBSON	40.00										
DEPUTY NATIONAL DIRECTOR	0.	-				X		242,310.	0.		14,889
1b Sub-total c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to tl		liste				> re	eceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	le c	comp 00?	oen <i>If</i>	satior <i>"Ye</i> s	n aı s,"	nd other compens	sation from the	4	X
5 Did any person listed on line 1a receive or	accrue coi	mpen	satio	on fi	ron	n any	un	related organization	on or individual	_	Х
for services rendered to the organization? If "Ye Section B. Independent Contractors	es, comple	ie och	ieau	ne J	ior	sucn	per	SUII		5	^
Complete this table for your five highest com compensation from the organization. Report c year.											

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

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

Part VIII	Statement	of	Revenue
-----------	-----------	----	---------

		Check if Schedule O contains a respon	se or note to an	y line in this Part VII	1		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a	126,234.				
Srar our	b	Membership dues					
S, G	c	Fundraising events 1c	9,294,645.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d	8,931,431.				
ns,	е	Government grants (contributions) 1e					
e Sie	f	All other contributions, gifts, grants,					
를 된		and similar amounts not included above . 1f	53,365,072.				
n a	g	Noncash contributions included in lines 1a-1f: \$	4,204,578.				
	h	Total. Add lines 1a-1f	▶	71,717,382.			
nue			Business Code				
eve	2a	EDUCATIONAL TRAINING FEES	611710	1,025,977.	1,025,977.		
Program Service Revenue	b						
Ş	С						
Sel	d						
am	е						
ogı	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u></u> ▶	1,025,977.			T
	3	Investment income (including dividen	ds, interest,				
		and other similar amounts)	•	9,464.			9,464.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d _	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount from sales of	(II) Other				
		assets other than inventory 5,868,320.					
	b	Less: cost or other basis					
		and sales expenses 5,858,528.					
	C .	Gain or (loss)		0.700			0.500
	d	Net gain or (loss)		9,792.			9,792.
ne	8a	Gross income from fundraising					
ven		events (not including \$9,294,645.					
æ		of contributions reported on line 1c).	8,305,556.				
Other Revenue		See Part IV, line 18 a					
ō	1	Less: direct expenses		3,439,987.			3,439,987.
	C			3,133,307.			3,133,337.
	ya	Gross income from gaming activities. See Part IV, line 19					
	_	Less: direct expenses b					
	b c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	IVa	returns and allowances					
	b	Less: cost of goods sold b					
	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.		76,202,602.	1,025,977.		3,459,243.

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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 resp	onse or note to any line	e 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	6,000.	6,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	45,115.	45,115.		
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	3,347,502.	2,119,486.	701,909.	526,107.
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	26,324,524.	22,682,869.	551,252.	3,090,403.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	495,003.	420,193.	21,731.	53,079.
9 Other employee benefits	7,578,561.	6,722,263.	156,147.	700,151.
10 Payroll taxes	115,451.	98,003.	5,068.	12,380.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	234,845.	11,595.	213,976.	9,274.
c Accounting	158,024.	7,802.	143,981.	6,241.
d Lobbying	2,500.	2,500.		
e Professional fundraising services. See Part IV, line 17.	253,858.			253,858.
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	1,852,824.	1,501,536.	185,663.	165,625.
14 Information technology	1,049,245.	850,312.	105,140.	93,793.
15 Royalties	0.	5 542 556	1 006 000	500 500
16 Occupancy	7,449,194.	5,543,556.	1,296,000.	609,638.
17 Travel	1,643,915.	1,432,122.	110,631.	101,162.
18 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0.	2 407 224	106 202	171 505
19 Conferences, conventions, and meetings	2,765,131.	2,407,224.	186,382.	171,525.
20 Interest	0.	15,578.	128,761.	1,337.
21 Payments to affiliates	1,123,429.	910,432.	112,573.	100,424.
22 Depreciation, depletion, and amortization	318,202.	257,873.	31,885.	28,444.
23 Insurance	310/2021	23770731	31,003.	20,111.
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.)				
aEDUCATION PROJECT&FUNCTIONS	1,661,708.	1,661,708.		
bDIRECT MAIL	1,387,376.			1,387,376.
cGUARDIANS OF HUMANITY BK PRO	50,000.	50,000.		·
dALL OTHER EXPENSES	6,581,130.	5,178,284.	929,557.	473,289.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	64,589,213.	51,924,451.	4,880,656.	7,784,106.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part X **Balance Sheet**

	Check if Schedule O contains a response or note to any line in this Part X										
		·		-	(A)		(B)				
					Beginning of year		End of year				
	1	Cash - non-interest-bearing			2,706,710.	1	15,034,395.				
	2	Savings and temporary cash investments			7,987,135.	2	2,778,625.				
	3	Pledges and grants receivable, net			7,188,716.	3	8,915,435.				
	4	Accounts receivable, net			162,842.	4	165,210.				
	5	Loans and other receivables from current and the	forme	r officers, directors,							
		trustees, key employees, and highest co	mpe	nsated employees.							
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.				
	6	Loans and other receivables from other disqualified pers	ons (a	s defined under section							
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu									
w		organizations (see instructions). Complete Part II of Sche			0.	6	0.				
Assets	7	Notes and loans receivable, net			0.	7	0.				
Ass	8	Inventories for sale or use			340,000.	8	331,500.				
	9	Prepaid expenses and deferred charges			445,781.	9	1,162,580.				
	10 a	Land, buildings, and equipment: cost or									
			10a								
	b	Less: accumulated depreciation					7,204,668.				
	11	Investments - publicly traded securities			403,109.	11	226,073.				
	12	Investments - other securities. See Part IV, line 11	497,200.	12	429,300.						
	13	Investments - program-related. See Part IV, line 11		[F	0.	13	0.				
	14	Intangible assets	0.	14	0.						
	15	Other assets. See Part IV, line 11	3,330,712.	15	2,697,816.						
	16	Total assets. Add lines 1 through 15 (must equal			30,629,125.	16	38,945,602.				
	17	Accounts payable and accrued expenses			7,338,610.	17	7,288,457.				
	18	Grants payable		0.	18	0.					
	19	Deferred revenue	607,750.	19	641,175.						
	20	Tax-exempt bond liabilities		0.	20	0.					
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.				
Liabilities	22	Loans and other payables to current and for									
Ξ		trustees, key employees, highest compen			0.	00	0.				
Li a	23	disqualified persons. Complete Part II of Schedule			4,000,000.	22	4,000,000.				
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated to			0.	24	0.				
	25	Other liabilities (including federal income tax,			<u> </u>	24	•				
	23	parties, and other liabilities not included on lines									
		of Schedule D		'	35,224,196.	25	33,977,357.				
	26	Total liabilities. Add lines 17 through 25			47,170,556.	26	45,906,989.				
		Organizations that follow SFAS 117 (ASC 958),									
es		complete lines 27 through 29, and lines 33 and	34.								
auc	27	Unrestricted net assets			-21,383,612.	27	-20,859,930.				
3al	28	Temporarily restricted net assets			4,842,181.	28	13,898,543.				
둳	29	Permanently restricted net assets			0.	29	0.				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and							
s 0	30	<u> </u>			30						
set	31	Paid-in or capital surplus, or land, building, or equ	nt fund		31						
As	32	Retained earnings, endowment, accumulated inco				32					
let	33	Total net assets or fund balances			-16,541,431.	33	-6,961,387.				
_	34	Total liabilities and net assets/fund balances			30,629,125.	34	38,945,602.				
		The second of th		<u> </u>	,,,		Form 990 (2017)				

Form **990** (2017)

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Part	XI Reconciliation of Net Assets					_	
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		76,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2		64,589,213.			
3	Revenue less expenses. Subtract line 2 from line 1	3		11,6			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,5	41,4	31.	
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		-2,0	33,3	45.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-6,9			
	33, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.	le O.					
2a	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 con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e	explair	ı in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			3.5	
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ΙΝΑ	TI-DEFAMATION LE	EAGUE					13-18187	23		
Pai	Reason for P	ublic Cha	rity Status (All o	rganizations must o	omplete	e this pa	art.) See instructions			
The	organization is not a p	private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1	A church, conven	ntion of chu	rches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).			
2	A school describe	ed in sectio	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)			
3	A hospital or a co	ooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).			
4	A medical resear	rch organiz	ation operated in	conjunction with a hos	spital des	scribed ir	section 170(b)(1)(A)	(iii). Enter the		
	hospital's name,	city, and st	ate:							
5	An organization	operated f	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in		
	section 170(b)(1))(A)(iv). (C	omplete Part II.)							
6	A federal, state,	or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7	X An organization t	that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public		
	described in sect	tion 170(b)	(1)(A)(vi). (Comple	ete Part II.)						
8	A community trus	st describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)					
9	An agricultural re	esearch org	anization describe	ed in section 170(b)(1)(A)(ix) (operated	I in conjunction with a	land-grant college		
	or university or a	non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or		
	university:									
10	support from gros	An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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		•	•	usively to test for publi	•					
12		•	•				e functions of, or to o			
	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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
а	* *		•	•			• , ,			
		_				ajority of	the directors or truste	es of the		
	supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
b		0 0	•					().)		
		-		-	tne sam	e person	s that control or man	age the supported		
				, Sections A and C.			206	United and a second and a second		
С		-					n with, and functional	ily integrated with,		
الم		_		s). You must comple				tod organization(s)		
d	* *	-			•		ection with its suppor	• , ,		
		=	-	-	-		ution requirement and	a an altentiveness		
е				omplete Part IV, Sect			nat it is a Type I, Type I	I Type III		
-		•		ionally integrated sup				і, туре ііі		
f						nyanizai	ion.			
а	Provide the following									
	(i) Name of supported organ		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
			` ,	(described on lines 1-10		ur governing	support (see	other support (see		
				above (see instructions))	Yes	nent?	instructions)	instructions)		
/A\										
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al									

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,407,759.	50,446,778.	51,872,492.	61,471,201.	71,717,381.	292,915,611.
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	57,407,759.	50,446,778.	51,872,492.	61,471,201.	71,717,381.	292,915,611.
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						292,915,611.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	57,407,759.	50,446,778.	51,872,492.	61,471,201.	71,717,381.	292,915,611.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,870.	2,504.	356.	4,024.	9,464.	22,218.
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	8,909,364.	8,586,344.	9,377,668.	9,579,337.	8,305,556.	44,758,269.
11	Total support. Add lines 7 through 10						337,696,098.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	4,542,956.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						06.74
14	Public support percentage for 2017 (li		•			14	86.74 % 85.75 %
15	Public support percentage from 2016					15	
16a	331/3% support test - 2017. If the org	=					
	box and stop here. The organization q	-		-			,
D	331/3% support test - 2016. If the org this box and stop here. The organization	•					
172	10%-facts-and-circumstances test - 2	•		•			
11a		-					
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support						-	
	organization			_			■ I
h	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the organic	•	•		•		
	Explain in Part VI how the organization supported organization	on meets the "	facts-and-circum	nstances" test.	The organization	n qualifies as a	publicly
18	Private foundation. If the organization						
	instructions						
						chedule A (Form 9	

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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.)

Sec	tion A. Public Support	,		, , , , , , , , , , , ,	1 222 . 6	,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
3	·						
	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						
h	received from disqualified persons						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support			T	T	T	T
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2017 (lin		•	1,77		17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	ganization did n	ot check the box	on line 14, and	d line 15 is mo	re than 331/3 %,	and line
	17 is not more than 331/3%, check this	s box and sto	p here. The org	anization qualifie	s as a publicly	supported organ	nization . ►
b	331/3% support tests - 2016. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331	/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	nization ►
20	Private foundation If the organization	did not chack	a how on line	1/ 10a or 10k	chack this h	ov and see inst	ructions

Schedule A (Form 990 or 990-EZ) 2017

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? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
	organization made the determination.	30		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2017

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017 Page **5**

Part	Supporting Organizations (continued)			
ı art	oupporting organizations (sommissa)		Yes	Nο
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	NI -
			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).	1		
Secti	on D. All Type III Supporting Organizations	'		
3001.	on 5.7 th Type in capporting organizations		Yes	Nο
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on 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 ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_				
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 position that its supported organization(s) would have engaged in these	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
о 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? <i>Provide details in Part VI.</i>	3a		
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.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). See				
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.				
Section A - Adjusted Net Income	Section A - Adjusted Net Income (A) Prior Year						
——————————————————————————————————————		(A) I Hol Teal	(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 Voor	(B) Current Year				
Section B - Willimum Asset Amount		(A) Prior 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 Check here if the current year is the organization's first as a non-functionally	v integra	ted Type III supporting	g organization (see				
instructions).	, -3 -	21					

Schedule A (Form 990 or 990-EZ) 2017

Current Year

Section D - Distributions

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1	Amounts paid to supported organizations to accomplish ex				
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo				
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 resp	onsive		
	(provide details in Part VI). See instructions.	5			
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	, in the second		/ii\	(iii)	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j				
	and 4c.				
8					
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 8

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	<u> </u>	
SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL	
FUNDRAISING EVENTS	8,909,364.	8,586,344.	9,377,668.	9,579,337.	8,305,556.	44,758,269.	
TOTALS		8,586,344.	9,377,668.	9,579,337.	8,305,556.	44,758,269.	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number Name of the organization ANTI-DEFAMATION LEAGUE 13-1818723 Organization type (check one): Filers of: Section: X $501(c)(^3$ Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** $\lfloor X \rfloor$ 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 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number 13-1818723

Part I	Contributors (see instructions). Use duplicate copie	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_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number 13-1818723

Part II Nonc	eash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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

\$

\$

(a) No.

from

Part I

(d)

Date received

(b) Description of noncash property given

(c)

FMV (or estimate)

(See instructions.)

	(Form 990, 990-EZ, or 990-PF) (2017)		Page 4			
Name of o	rganization ANTI-DEFAMATION LEAGUE		Employer identification number 13-1818723			
Part III	(10) that total more than \$1,000 for the	e year from any one con s completing Part III, ente year. (Enter this informatio	ions described in section 501(c)(7), (8), or tributor. Complete columns (a) through (e) and r the total of exclusively religious, charitable, etc.			
(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 2	ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
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 2	2IP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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.

	(/(/ 0	,	(//	•	•
		that have NOT filed Form 5768 (elect			
if the	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) organization (5)				
	e of organization			Employer ide	ntification number
ANT	CI-DEFAMATION LEAGUE			13-1818	8723
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	•	organization's direct and indirect			
	definition of "political campa	•	,	(111	
2	•	xpenditures (see instructions)		▶ \$	
3		campaign activities (see instruction			
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5, , , , , , ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1		expended by the filing organization			
2		ng organization's funds contributed			
		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. Er	nter here and on Fo	orm 1120-POL,	
4		e Form 1120-POL for this year?			
5	Enter the names, addresses	and employer identification number	per (EIN) of all section	on 527 political organiza	ations to which the filing
	organization made payment	s. For each organization listed, er	nter the amount paid	d from the filing organiz	ation's funds. Also enter
		ributions received that were pron			
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Turius. Il fiorie, effici -o	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)			_		
(5)			-		
(6)			4		

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

Schedule C (Form 990 or 990-EZ) 2017

P	art II-A	Complete if the org	janizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶	if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.	
		Limits (The term "expendit		ying Expendence)	(a) Filing organization's totals	(b) Affiliated group totals
I (to Total lob Total lob d Other ex Total ex	obying expenditures to interpretation by the bodying expenditures (and the bodying expenditures (and the bodying expenditures) and the bodying expenditures of the bodying in a second to bodying the bodying expenditures to interpretation the bodying expenditures (and the bodying expenditures to interpretation to bodying expenditures (and the bodying expenditures).	nfluence d lines 1 tures ures (add	a legislative a and 1b) d lines 1c an	e body (direct lobbyi	ng)		
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amount	is:		
		\$500,000	, , , ,		amount on line 1e.			
	Over \$50	0,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,0	000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,	500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.		
	Over \$17	,000,000		\$1,000,000				
	h Subtract Subtract If there	ots nontaxable amount tine 1g from line 1a. If tilne 1f from line 1c. If t is an amount other th g section 4911 tax for t	zero or le zero or le an zero his year?	ess, enter -0 ss, enter -0- on either I	ine 1h or line 1i, o	did the organizat		Yes No
	(S	ome organizations tha	t made a See	section 50 the separa	te instructions for I	t have to comple ines 2a through	2f.)	nns below.
_			Lobk	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	1
		ar year (or fiscal year peginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	a Lobbying	nontaxable amount						
		ceiling amount line 2a, column (e))						
_	Total lobb	oying expenditures						
_ (d Grassroo	ts nontaxable amount						
_		ts ceiling amount line 2d, column (e))						
1	Grassroo	ts lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

_	dule C (Form 990 or 990-EZ) 2017 It II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d For	m 576	 8	I	Page 3
	(election under section 501(h)).		a)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo		
					7		
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						
а	referendum, through the use of: Volunteers?	Х					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	Х					
c	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?	Х					,443
е	Publications, or published or broadcast statements?	Х				17	,396
f	Grants to other organizations for lobbying purposes?		Х			2.42	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X					,567
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	Х			43	,490
i	Other activities?		Λ			434	,896
j	Total. Add lines 1c through 1i		Х			131	, 0 9 0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		21				
b c	If "Yes," enter the amount of any tax incurred under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
1	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?				1	Yes	No
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 fro				3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b) Pa	rt III-A		3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).			20			
a	Current year			2a 2b			
b	Carryover from last year			2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	and political expenditure next year?	-	-	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	rt IV Supplemental Information						
2 (s	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	up list); Part	II-A, Ii	nes 1	and
SE	E PAGE 4						

Schedule C (Form 990 or 990-EZ) 2017

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

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Internal Revenue Service Name of the organization Employer identification number

ANT	TI-DEFAMATION LEAGUE	13-1818723
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Fund	s 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	neld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	
Pa	art 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).	
	Preservation of land for public use (e.g., recreation or education)	tion of a historically important land area
		tion of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or to	
	tax year ▶	3
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
	>	3 · · · · 3 · · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
	▶ \$	g
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenu	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fir	
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or C	
	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 works of art, historical treasures, or other similar assets held for public exhibition,	its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, public service, provide, in Part XIII, the text of the footnote to its financial statements that	education, or research in furtherance of
h	•	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in works of art, historical treasures, or other similar assets held for public exhibition,	
	public service, provide the following amounts relating to these items:	Table of the state
	(i) Revenue included on 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 sim	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
а	Revenue included on 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) 2017

 Schedule D (Form 990) 2017
 Page 2

Par	t Organizations Maintainiı	ng Collections of	Art, Historical T	reasures,	or Oth	er Similar Asse	ets (co	ntinu	ed)
3	Using the organization's acquisition		other records, chec	k any of the	e follow	ing that are a sig	nificant	use o	of its
	collection items (check all that app	ly):							
а	Public exhibition			or exchange	progran	ns			
b									
С	Preservation for future gene								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
_	XIII.			: 1 4		th an aire ile n			
5	During the year, did the organization assets to be sold to raise funds rath						Yes		No
Dar	t IV Escrow and Custodial Ar		anieu as part or the t	Jigariizatioi	15 COIIEC	ation?	168	·	NO
rai	Complete if the organizate 990, Part X, line 21.		s" on Form 990, P	art IV, line	9, or re	ported an amour	nt on Fo	orm	
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for c	ontributions	or other	assets not			
	included on Form 990, Part X?					[Yes	;	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tal	ole:	_				
						Amount			
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f	Ending balance						- 1		T
	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check ne	ere if the explanation	nas been p	roviaea (on Part XIII			
Par	Endowment Funds. Complete if the organizat	ion answered "Ves	" on Form 990 P:	art IV/ line	10				
	Complete ii the organizat	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Fou	ır veare	hack
		86,328,755.	88,752,231.	94,955		97,116,918.			756.
	Beginning of year balance	1,899,292.	2,070,803.	1,471		816,649.			086.
	Contributions	1,000,1202.	2707070031	1,171	,,,,,,	010,015.	3,	331	
С	Net investment earnings, gains,	8,123,157.	4,238,063.	-2,864	,068.	2,551,347.	9.	426	721.
A	and losses			,	,				,900.
	Other expenditures for facilities								<u></u> -
-	and programs	4,312,248.	8,732,342.	4,811	,433.	5,529,083.	4,	624	745.
f	Administrative expenses								
g	End of year balance	92,038,956.	86,328,755.	88,752	,231.	94,955,831.	97,	116	918.
2	Provide the estimated percentage	of the current year	end balance (line 1g.	column (a))	held as:				
	Board designated or quasi-endown	nent ▶ 9.0000	_%	(-//					
b	Permanent endowment ► 75.0	0000 %							
С	Temporarily restricted endowment	► 16.0000 %							
	The percentages on lines 2a, 2b, a	· · · · · · · · · · · · · · · · · · ·							
3a	Are there endowment funds not in	the possession of th	ne organization that	are held an	d admin	istered for the			
	organization by:						- m	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
_	If "Yes" on line 3a(ii), are the relate	•	•				3b	Х	
4 Por	Describe in Part XIII the intended u	ises of the organization	tion's endowment ful	nas.					
Par	Complete if the organiza	tion answered "Ye	s" on Form 990, F	art IV, line	11a. S	ee Form 990, Pa	rt X, Iin	e 10.	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Acc	umulated (d) Book v	alue	
1a	Land	, , , , , ,	unent) (C	uiel)	depre	eciation			
b	Buildings								
С	Leasehold improvements		14.3	340,384.	7,9	54,016.	6,3	86,3	368.
d	Equipment			204,012.		85,712.		318,3	
е	Other		,		•				
	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10	Oc.)		7,2	04,6	568.

Schedule D (Form 990) 2017 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "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 valuat Cost or end-of-year mark	tion:
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "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 valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
		scription		(b) Book value
	FROM ADL FOUNDATION			2,601,482.
	RITY DEPOSITS			96,334
_(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	uma (b) must a sual Form 000 Port V and (D)	ina 1E \		2 607 916
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	· · · · · · · · · · · · · · · · · · ·	2,697,816
Part X	Other Liabilities. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book valu	ie	
	ral income taxes			
	TERM PENSION OBLIGATIONS	27,231,		
(3) DEFE	RRED RENT	6,745,	677.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	nat reports the

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

Schedule D (Form 990) 2017 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ırn.	
	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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
~			
b	Other (Describe in Part XIII.)	_	
b c	Add lines 4a and 4b	4c	
b c 5	Add lines 4a and 4b	4c 5	
b c 5 Part	Add lines 4a and 4b	5	ing 4: Dort V ling
b c 5 Part	Add lines 4a and 4b	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
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b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	

Schedule D (Form 990) 2017

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 D (Form 990) 2017

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service Name of the organization

13-1818723

Employer identification number

ANT	I-DEFAMATION LEAGUE				13-181872	23
Par	General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete i	if the organization answer	ed "Yes" on
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	ts or assistanc	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow (a) Region	ving Part I, line (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in the region	e duplicated if additional sp (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	(f) Total expenditures for and investments in the region
(1)	MIDDLE EAST AND NORTH AFRICA	1.	5.	PROGRAM SERVICES	SEE PART V	824,277.
(2)	MIDDLE EAST AND NORTH AFRICA	0.	0.	INVESTMENTS		64,688.
(3)	EUROPE	1.	2.	PROGRAM SERVICES	SEE PART V	62,736.
(4)	EUROPE	0.	0.	INVESTMENTS		79,597.
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total Sub-total	2.	7.			1,031,298.
b						

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

JSA 7E1274 1.000

c Totals (add lines 3a and 3b)

12840P 700J 11/14/2018 8:07:20 PM V 17-7.2F Schedule F (Form 990) 2017

1,031,298.

0168531-00010

ANTI-DEFAMATION LEAGUE 13-1818723

Schedule F (Form 990) 2017

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 Ent	the IRS, or for which the gra	nt organizations listed above t antee or counsel has provide ganizations or entities	d a section 501(c)(3)	equivalency lette	r		.		

Schedule F (Form 990) 2017

ANTI-DEFAMATION LEAGUE 13-1818723

Schedule F (Form 990) 2017 Page 3

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) 2017

Schedule F (Form 990) 2017

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Page **5**

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 I, 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)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization					Employer identification	n number
ANTI-DEFAMATION LEAGUE					13-1818723	
Part I Fundraising Activities. Com	plete if the orga	nization a	answered	l "Yes" on Form 9	990, Part IV, line	17.
Form 990-EZ filers are not i	required to compl	lete this p	art.			
1 Indicate whether the organization rais	sed funds through a	any of the	following	activities. Check a	ıll that apply.	
a X Mail solicitations	е	X Solid	itation of	non-government g	rants	
b X Internet and email solicitations	f	X Solid	itation of	government grants	5	
c X Phone solicitations	g			ising events		
d X In-person solicitations	J			J		
2a Did the organization have a written or	r oral agreement w	ith any ind	dividual (in	cludina officers. d	irectors, trustees.	
or key employees listed in Form 990,						X Yes No
b If "Yes," list the 10 highest paid indiv						fundraiser is to be
compensated at least \$5,000 by the	organization.					
		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or ormity (tartarasor)		contrib	utions?		col. (i)	organization
		Yes	No			
1						
ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
				4 405 000	050 050	4 151 040
Total			▶	4,405,800.	253,858.	4,151,942.
3 List all states in which the organizat	tion is registered o	or licensed	l to solicit	contributions or	has been notified	it is exempt from
registration or licensing.	61 117 TD TT					
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL				G 37D 077		
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS		NH,NJ,N	IM,NY,NO	C,ND,OH,		
OK, OR, PA, RI, SC, SD, TN, TX, VT, VA	,WA,WV,WI,WY,					

Page **2** Schedule G (Form 990 or 990-EZ) 2017

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.

		gross receipts greater than \$5,00		33 111001110 0111 01111 000	LZ, iiilos i alia ob. L	ist events with
			(a) Event #1 CONCERTS	(b) Event #2 AWARD LUNCHEON	(c) Other events 73.	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	2,548,691.	2,465,239.	12,586,270.	17,600,200
		Less: Contributions	824,635.	1,212,753.	7,257,256.	9,294,644
	3	Gross income (line 1 minus line 2)	1,724,056.	1,252,486.	5,329,014.	8,305,556
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	188,848.	351,197.	1,988,462.	2,528,507
	8	Entertainment	244,540.	548.	75,766.	320,854
	9	Other direct expenses	296,960.	165,815.	1,553,433.	2,016,208
	10 11	Direct expense summary. Add lines 4	through 9 in column (d))		4,865,569
	rt I	Net income summary. Subtract line 1 Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	
Revenue		φτο,ουσ σ σ σσο <u>-</u>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			П.,	
	6	Volunteer labor	Yes%	S Yes% No	Yes%	

9	Enter the state(s) in which the organization conducts gaming activities:				
а	Is the organization licensed to conduct gaming activities in each of these states?		Yes	No	
	o If "No," explain:				
10 a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		Yes	No	

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain:

ANTI-DEFAMATION LEAGUE

Sched	lule G (Form 990 or 990-EZ) 2017		Page 3				
11	Does the organization conduct gaming activities with nonmembers?	Yes	No				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable gaming?	Yes	No				
13	Indicate the percentage of gaming activity conducted in:						
			0/				
а	The organization's facility		<u>%</u>				
b	An outside facility		<u>%</u>				
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				
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
D	amount of gaming revenue retained by the third party \blacktriangleright \$						
•	If "Yes," enter name and address of the third party:						
C	ii res, enter name and address of the tillid party.						
	Name ▶						
	Address ▶						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	Director/officer Employee Independent contractor						
47	Mandatory distributions:						
17	·	_					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		٦				
	retain the state gaming license?		No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	3					
	or spent in the organization's own exempt activities during the tax year ▶ \$						
Part							
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor	mation					
	(see instructions).						
PAR	T I LINE 2B COLUMN (V)						
THE	AGREEMENTS FOR THE LISTED FUNDRAISING CONSULTANTS NOTE THE MONTHLY						
RET	AINER AMOUNT FOR FUNDRAISING SERVICES. ALL OTHER PAYMENTS MADE TO THE						
PRO	FESSIONAL FUNDRAISERS ARE REIMBURSEMENTS FOR OTHER EXPENSES INCURRED.						
SIICI	H EXPENSES ARE ONLY REIMBURSED BY ADL SUBSEQUENT TO PROPER						
בטטם	I TWI PUODO WE OMIL WEILINGWORD DI WON DOORDOEMI IO EKOLEK						
SUBSTANTIATION AND AUTHORIZATION. ADL PAID \$30,000.							

Schedule G (Form 990 or 990-EZ) 2017

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

CALABASAS CA 91301

NAME AND ADDRESS OF FUNDRAISER	DID FUNDRAISER HAVE ACTIVITY CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION	
O'BRIEN GARRETT	DIRECT MARKETING		х	2,426,997.	223,858.	2,203,139.
1133 19TH STREET, NW, SUITE 300 WASHINGTON DC 20036						
MOBILE CAUSE	FUNDRAISING SERVICES	Х		1,978,803.	30,000.	1,948,803.
27001 AGOURA ROAD, SUITE 350A						

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

ANTI-DEFAMATION LEAGUE						13-181872	3
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		•					es" on Form
(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)							
 Enter total number of section 501(c)(3) and Enter total number of other organizations list 							

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

Schedule I (Form 990) (2017)

7E1288 1.000

Schedule I (Form 990) (2017)

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 blum-kovler nation of immigrants award	1.	10,000.			
BHOFF ROVIDER WATTON OF IPERIGRANTS AWARD	1.	10,000.			
2 SPONSORSHIP FOR EDUCATIONAL WORK	1.	10,000.			
3 PHILIP ROTHBLUM COLLEGE SCHOLARSHIP	9.	8,000.			
4 NPFH BODINI PRIZE FOR DIVERSITY AWARD DINNER	3.	5,000.			
5 KRANZBERG SCHOLARSHIP	9.	4,500.			
6 SBIFF SPONSORSHIP CONTRACT	1.	2,500.			
7 SENN/GREENBERG AWARD & LUZELL AWARDS	1.	1,765.			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

Schedule I (Form 990) (2017)

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 WALTER KASE TEACHER EXCELLENCE AWARD	3.	1,500.			
_					
2 ESSAY CONTEST	5.	1,200.			
3 KRANZBERG BOOK STIPEND	4.	400.			
4 NYLM SCHOLARSHIP RECIPIENT	1.	250.			
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 I LINE 2

GRANTMONITORING PROCEDURES

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.

Schedule I (Form 990) (2017)

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

GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS

THE PHILIP ROTHBLUM COLLEGE SCHOLARSHIP IS A PART OF NY REGION'S SUMMER

INTERNSHIP PROGRAM. THE FINANCIAL AWARDS ARE GIVEN TO SUMMER INTERNS TO

ADVANCE THEIR COMMITMENTS TO THEIR EDUCATION.

THE ALEXANDER BODINI PRIZE IS AWARDED EACH YEAR TO TWO STUDENTS AND ONE

EDUCATOR WHO HAVE DEMONSTRATED EXTRAORDINARY LEADERSHIP IN THE EFFORT TO

MAKE THEIR SCHOOL NO PLACE FOR HATE.

Schedule I (Form 990) (2017)

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					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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.

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

THE FRANKLIN ESSAY CONTEST AWARDS ARE ANNUAL FINANCIAL AWARDS GIVEN TO FIVE STUDENTS FOR WINNING A WRITING CONTEST BASED ON A SPECIFIC TOPIC

Schedule I (Form 990) (2017)

art 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.

WITH THE HOPES TO STIMULATE GREATER UNDERSTANDING AND ACCEPTANCE OF

ETHNIC, RELIGIOUS, GENDER AND RACIAL DIFFERENCES IN OUR SOCIETY.

NYLM PROGRAM PROVIDES AN OPPORTUNITY FOR DIVERSE GROUPS OF HIGH SCHOOL STUDENTS TO LEARN ABOUNT THE HOLOCAUST & WAYS TO FIGHT PREJUDICE IN SCHOOLS & COMMUNITIES. AWARD IS GIVEN TO STUDENTS WHO DEMONSTRATED OUTSTANDING LEADERSHIP AND DESIGNED THE BEST PROJECT.

SCHEDULE J (Form 990)

Compensation InformationFor 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		х	
	1a?	2	Λ	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4 a	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: Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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.	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		
3	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JONATHAN GREENBLATT	(i)	387,498.	67,596.	25,245.	2,250.	17,060.	499,649.	0.
1 CEO/NATIONAL DIRECTOR	(ii)	387,499.	67,596.	25,246.	2,250.	17,060.	499,651.	0.
ABRAHAM H FOXMAN	(i)	84,600.	0.	81,275.	0.	0.	165,875.	0.
2 NATIONAL DIRECTOR EMERITUS	(ii)	84,600.	0.	0.	0.	0.	84,600.	0.
CLIFFORD SCHECHTER	(i)	319,085.	0.	190,064.	2,804.	1,686.	513,639.	0.
3 INTERNAL CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL A. KELLMAN	(i)	150,529.	0.	4,003.	2,426.	19,963.	176,921.	0.
4 ^{CHIEF} FINANCIAL OFFICER	(ii)	100,352.	0.	2,669.	1,618.	13,308.	117,947.	0.
DEBORAH G. LAUTER	(i)	184,615.	10,000.	299,361.	3,220.	23,881.	521,077.	0.
SENIOR V.P, POLICY & PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID S. WAREN	(i)	223,618.	15,000.	138.	3,579.	30,395.	272,730.	0.
6 V.P, REGIONAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
FREDERIC BLOCH	(i)	209,549.	22,500.	457.	860.	9,269.	242,635.	0.
7 SENIOR VICE PRESIDENT, GROWTH	(ii)	139,700.	15,000.	305.	574.	6,180.	161,759.	0.
THOMAS W. RUDERMAN	(i)	205,000.	20,500.	258.	2,184.	12,146.	240,088.	0.
8 SENIOR V.P, TALENT & KNOWLEDGE	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN CARL SHEINBERG	(i)	103,754.	20,000.	45.	1,300.	16,085.	141,184.	0.
general counsel & SVP PRIVACY	(ii)	103,755.	20,000.	45.	1,300.	16,086.	141,186.	0.
STACY M. BURDETT	(i)	101,904.	2,500.	183,071.	1,719.	0.	289,194.	0.
10 VICE PRESIDENT, GOV'T RELATION	(ii)	0.	0.	0.	0.	0.	0.	0.
EVAN BERNSTEIN	(i)	247,549.	0.	0.	0.	30,395.	277,944.	0.
11 REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
LONNIE J. NASATIR	(i)	228,857.	0.	90.	2,740.	30,395.	262,082.	0.
12 REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
SETH BRYSK	(i)	224,595.	0.	90.	3,369.	30,395.	258,449.	0.
13 REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH JACOBSON	(i)	241,074.	0.	1,236.	3,616.	11,273.	257,199.	0.
14 DEPUTY NATIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part | 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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part | 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 BENFIT THAT IS PAID OUT OVER TIME. \$148,517 WAS PAID DURING THE YEAR ENDED DECEMBER 31, 2017 (\$81,275 WAS TAXABLE ON THE 2017 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 7 OFFICERS, TOTAL AMOUNTING TO \$260,692.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

► 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number Name of the organization ANTI-DEFAMATION LEAGUE 13-1818723 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? 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 (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7) (8) (9)(10)

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

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017

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	organi	aring of zation's nues?
				Yes	No
(1) BLUECADET	SEE PART V	106,875.	WEB STRATEGY		Х
_(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)

Noncash Contributions

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Par	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 de noncash contribu	eterminin	
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	Х	259.	3,062,030.	MEAN, DATE	OF CC	NTR.
10	Securities - Closely held stock			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
11	Securities - Partnership, LLC,						
•••	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
13	contribution - Historic						
4.4	structuresQualified conservation						
14							
4.5	contribution - Other	X	1.	1,111,107.	SELLING PRI	CE.	
15	Real estate - Residential	- 21	1.	1,111,107.	BBBBING TRI		
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	X	33.	31,441.	DONOR PROVI	LDED Z	7 N T TTT
25	Other ►(EVENT RELATED)		33.	31,441.	DONOR PROVI		ALUE
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received						
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	gement	29		NI.
	B : 4					Yes	No
30a	During the year, did the organizat				- 1		
	28, that it must hold for at least the	-			· ·		v
_	to be used for exempt purposes for		olding period?		30)a	X
	If "Yes," describe the arrangement i						
31	Does the organization have a						
	contributions?					1 X	-
32a	Does the organization hire or use	•	•	· •			
	contributions?				32	2a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a)) is checked,		

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

Schedule M (Form 990) (2017) Page **2**

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)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 13-1818723

Name of the organization

ANTI-DEFAMATION LEAGUE

FORM 990, PART III, LINE 4A

REGIONAL OPERATIONS (CONTINUED FROM PART III)

IT IS THE STAFF WITHIN THE REGIONAL OPERATIONS DIVISION THAT IN LARGE
PART PROVIDES THE GROUNDWORK FOR THE PROGRAMMING IN THE REGIONS. 2017
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.

FORM 990, PART III, LINE 4B

POLICY AND PROGRAM (CONTINUED FROM PART III)

THROUGH 2017, THE TOTAL NUMBER OF GRADUATES OF ADL'S "ADVANCE TRAINING SCHOOL EXTREMIST AND TERRORIST THREATS COURSE" FOR LEADERS IN THE LAW ENFORCEMENT COMMUNITY TOTALS 1,200 AND MORE THAN 130,000 LAW ENFORCEMENT PERSONNEL HAVE PARTICIPATED IN ADL'S LAW ENFORCEMENT AND SOCIETY TRAINING, CONDUCTED IN PARTNERSHIP WITH THE U.S. HOLOCAUST MEMORIAL MUSEUM. IN 2017, THE LEGAL AFFAIRS DEPARTMENT FILED 33 AMICUS BRIEFS

Name of the organization
ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

PROGRAM SERVICE EXPENSES: \$11,184,731

GRANTS AND ALLOCATIONS: \$28,715

REVENUE: \$1,025,977

INTERNATIONAL AFFAIRS AND INTERFAITH PROGRAMS (EXPENSES \$2,325,378) - 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. INITIATIES 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. DEVELOP 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

Name of the organization
ANTI-DEFAMATION LEAGUE

Employer identification number 13-1818723

EFFORTS. ORGANIZES TRAINING PROGRAMS AND CURRICULUM DEVELOPMENT FOR SEMINARS AND RELIGIOUS-ORIENTED EDUCATIONAL INSTITUTIONS.

LEADERSHIP (EXPENSES \$3,498,269) - THE LEADERSHIP DIVISION IS

RESPONSIBLE FOR ATTRACTING, EDUCATING AND CULTIVATING ADL LEADERS BY

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

PRINT COMMUNICATIONS ON ADL ISSUES, RECRUITING PARTICIPANTS FOR MISSIONS

TO FOREIGN COUNTRIES, AND HOSTING PRIVATE MEETINGS WITH NATIONAL AND

WORLD LEADERS AT ADL HEADQUARTERS. THE LEADERSHIP DIVISION PROVIDES

ONGOING SUPPORT TO ADL REGIONS TO HELP ENHANCE THEIR LEADERSHIP

DEVELOPMENT PROGRAMS AND ALSO OFFERS GUIDANCE AND ASSISTANCE TO REGIONAL

LEADERS LOOKING TO EXPAND THEIR INVOLVEMENT ON THE NATIONAL LEVEL.

EDUCATION (EXPENSES \$5,361,084) - FURTHERS THE LEAGUE'S MISSION THROUGH
THE DESIGN AND DELIVERY OF EDUCATIONAL PROGRAMS AND MATERIALS IN THE CORE
PRIORITY AREAS OF ANTI-BIAS, BULLYING/CYBERBULLYING, SCHOOL CLIMATE AND
ANTI-SEMITISM. ADL EDUCATION DELIVERS THESE PROGRAMS TO PREK-12 SCHOOL
COMMUNITIES, COLLEGE AND UNIVERSITY CAMPUSES, COMMUNITY GROUPS, CIVIC
ASSOCIATIONS, RELIGIOUS ORGANIZATIONS, YOUTH SERVICE PROVIDERS AND
WORKPLACES. IN 2017, ADL EDUCATION PROGRAMS WERE DIRECTLY DELIVERED TO
OVER 91,000 CHILDREN AND ADULTS. THESE EDUCATION PROGRAMS HAVE POSITIONED
ADL AS A LEADER IN ANTI-BIAS PROGRAMMING AND BULLYING/CYBERBULLYING
PREVENTION, DIRECTLY REACHING ELEMENTARY, MIDDLE, HIGH SCHOOL AND
POST-SECONDARY STUDENTS, EDUCATORS, FAMILY MEMBERS AND WORKPLACE
EMPLOYEES WITH IN-DEPTH TRAINING AND RESOURCES.

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; LOUISE P HOMBURGER & THOMAS C HOMBURGER; 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 FALL 2018 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, 2018.

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

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

Schedule O (Form 990 or 990-EZ) 2017 Page 2

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

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 COMMITEE 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

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.

THIS TOTAL OF \$2,033,345 CONSISTS OF THE FOLLOWING AMOUNTS NOT

REPORTED ON THE FORM 990; PENSION CREDIT OTHER THAN NET PERIODIC BENEFIT

COST IN THE AMOUNT OF \$370,253 AND A PROVISION FOR UNCOLLECTIBLE

CONTRIBUTIONS RECEIVABLE IN THE AMOUNT OF \$1,663,092 (BOTH REPORTED ON

THE LEAGUE'S STATEMENT OF ACTIVITIES, ATTACHED TO THE AUDITED FINANCIAL

ATTACHMENT 1

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

AUSTRIA

STATEMENTS).

FORM 990, PART XI, LINE 9

ISRAEL

Page 2 Schedule O (Form 990 or 990-EZ) 2017

Name of the organization Employer identification number ANTI-DEFAMATION LEAGUE 13-1818723 ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GRAND HYATT NEW YORK LOCKBOX 842234 DALLAS, TX 75284	SPECIAL EVENTS VENUE	966,582.
NEW YORK GOLD SHIELD 150 MOTOR PARKWAY, SUITE 401 HAUPPAUGE, NY 11788	SECURITY - 50/50	783,558.
FIRST INTERNATIONAL 2200 FLETCHER AVENUE SUITE 500 FORT LEE, NJ 07024	POLLING SERVICES	583,000.
MARRIOTT BUSINESS SERVICES P.O. BOX 403717 ATLANTA, GA 30384	SPECIAL EVENTS VENUE	551,124.
PURPOSE CAMPAIGN LLC 115 5TH AVENUE, FLOOR 6 NEW YORK, NY 10003	CREATIVE AGENCY	525,000.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

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

(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)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II 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))	.,		g) 512(b)(13) rolled iity?
						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	Х	
(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) 2017

Schedule R (Form 990) 2017

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (d) (e) Predominant (g) (h) (j) (k) Code V - UBI Name, address, and EIN of Lègal Direct controlling Share of total Share of end-of-General or Percentage Disproportionate income (related, domicile related organization amount in box 20 entity income year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6)

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.

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

JSA

(7)

Schedule R (Form 990) 2017

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Page 3

Schedule R (Form 990) 2017

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	[1a		X
b	Gift, grant, or capital contribution to related organization(s)		1b		X
С	Gift, grant, or capital contribution from related organization(s)	[1c	Х	
d	Loans or loan guarantees to or for related organization(s)		1d	Х	
	Loans or loan guarantees by related organization(s)		1e	Х	
-		• • •			
f	Dividends from related organization(s)		1f		X
	Sale of assets to related organization(s).		1g		X
9 h	Purchase of assets from related organization(s).		1h		X
ï	Exchange of assets with related organization(s).		1i		X
i	Lease of facilities, equipment, or other assets to related organization(s).		1j		X
,	Lease of facilities, equipment, of other assets to related organization(s),	• • •			
L	Lease of facilities, equipment, or other assets from related organization(s)		1k	Х	
ı	Performance of services or membership or fundraising solicitations for related organization(s)		11	Х	
, m	Performance of services of membership of fundraising solicitations by related organization(s)		1m	Х	
			1n	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	+	10	х	
0	Sharing of paid employees with related organization(s)	• • • •	10		
	Deimburgement neid to valeted experimation(a) for expenses		1n		Х
	Reimbursement paid to related organization(s) for expenses.		1g	х	
q	Reimbursement paid by related organization(s) for expenses		14		
_	Other transfer of each as a second of the selected association (a)		1r		Х
r	Other transfer of cash or property to related organization(s)	• • •	1s		X
2	Other transfer of cash or property from related organization(s). 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	n thres			
_	(a)		(d)	<i>-</i> .	
		Method o	f dete		ıg
	tmo (a c)	amour	t invo	hod	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ANTI-DEFAMATION LEAGUE FOUNDATION	С	8,931,431.	ACTUAL
(2)	ANTI-DEFAMATION LEAGUE FOUNDATION	D	4,000,000.	ACTUAL
(3)	ANTI-DEFAMATION LEAGUE FOUNDATION	Е	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

JSA 7E1309 2.000

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

13-1010/23

Page 3

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pai	rt IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	related organizations lis	sted in Parts II-IV?			
а	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	
С	Gift, grant, or capital contribution from related organization(s)				1c	
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s).				1f	
	Sale of assets to related organization(s)				1g	
	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	
ı	Performance of services or membership or fundraising solicitations for related organization(s)			⊢	11	
m.	Performance of services or membership or fundraising solicitations by related organization(s).				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
	Sharing of paid employees with related organization(s)				10	
	3. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.					
р	Reimbursement paid to related organization(s) for expenses				1p	
	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).			<u> </u>	1s	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete t					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amoun		
(1)	ANTI-DEFAMATION LEAGUE FOUNDATION	N	406,498.	ACTUAL		
(2)	ANTI-DEFAMATION LEAGUE FOUNDATION	0	3,753,181.	ACTUAL		
(3)	ANTI-DEFAMATION LEAGUE FOUNDATION	Q	736,841.	ACTUAL		
(4)						
(5)						

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(6)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(state or foreign income (re country) unrelated, e from tax t		related, excluded rom tax under 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
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(16)													

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Part VII Supplemental Information

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