

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning , **2017**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANTI-DEFAMATION LEAGUE			D Employer identification number 13-1818723		
	Doing Business As			E Telephone number (212) 885-7700		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 605 THIRD AVENUE					
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10158-3560			G Gross receipts \$ 86,926,699.		
F Name and address of principal officer: JONATHAN GREENBLATT SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.ADL.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1946			M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADL (THE "LEAGUE") WAS FORMED IN 1913 TO ELIMINATE ANTI-SEMITISM AND BIGOTRY IN THE US AND AROUND THE WORLD.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	309.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	307.		
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	431.		
	6 Total number of volunteers (estimate if necessary)	6	3,500.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	61,471,201.	Current Year	71,717,382.
	9 Program service revenue (Part VIII, line 2g)		780,997.		1,025,977.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,342.		19,256.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,720,221.		3,439,987.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		65,971,077.		76,202,602.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,200.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			32,667,895.		37,861,041.
16a Professional fundraising fees (Part IX, column (A), line 11e)			252,000.		253,858.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,784,106.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			25,473,460.		26,423,199.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		58,428,555.		64,589,213.	
19 Revenue less expenses. Subtract line 18 from line 12		7,542,522.		11,613,389.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	30,629,125.	End of Year	38,945,602.
	21 Total liabilities (Part X, line 26)		47,170,556.		45,906,989.
	22 Net assets or fund balances. Subtract line 21 from line 20.		-16,541,431.		-6,961,387.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JONATHAN GREENBLATT Type or print name and title		11/12/2018 CEO/NATIONAL DIR.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DANIEL ROMANO		11/12/2018		P00504182
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no. 212-599-0100		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

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

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

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

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.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. ANTI-DEFAMATION LEAGUE	Enter filer's identifying number, see instructions Employer identification number (EIN) or 13-1818723
	Number, street, and room or suite no. If a P.O. box, see instructions. 605 THIRD AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, 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 Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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.

1 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 _____.

2 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	\$
c 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.	3c	\$

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 instructions.

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 Briefly describe the organization's mission:

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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 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.)

4b (Code:) (Expenses \$ 8,354,461. including grants of \$ 10,000.) (Revenue \$ 0.)

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.)

4c (Code:) (Expenses \$ 6,837,652. including grants of \$ 0.) (Revenue \$ 0.)

MARKETING AND COMMUNICATIONS 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.

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

(Expenses \$ 11,184,731. including grants of \$ 28,715.) (Revenue \$ 1,025,977.)

4e Total program service expenses 51,924,451.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational reporting requirements for various schedules (A through G).

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (309), 1b (307), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
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.
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. SHEINBERG C/O ADL - 605 THIRD AVENUE NEW YORK, NY 10158-3560 212-885-7700

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DENISE CAPLAN REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(16) ELAINE FEUER-BARTON REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(17) JIM FRIED REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(18) JONATHAN GLEKLEN REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(19) TRACEY GROSSMAN REGIONAL BOARD CHAIR	5.00 0.	X					0.	0.	0.	
(20) JOSH GRUSHKIN REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(21) ALAN GUBERNICK REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(22) MARGARET HALL REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(23) JASON HALPER REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(24) SCOTT HARRIS REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(25) SUE HAUENSTEIN REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
1b Sub-total							480,339.	480,341.	38,620.	
c Total from continuation sheets to Part VII, Section A							3,375,317.	466,426.	282,766.	
d Total (add lines 1b and 1c)							3,855,656.	946,767.	321,386.	

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

Section B. Independent Contractors

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

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

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 **▶ 46**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARCY HELFAND ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
(27) EILEEN HERSHBERG ----- REGIONAL BOARD CHAIR	5.00 ----- 0.	X					0.	0.	0.	
(28) LINDA HORODAS ----- REGIONAL BOARD CHAIR	7.00 ----- 0.	X					0.	0.	0.	
(29) DONNA JOHNSON ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
(30) JARED LINDAUER ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
(31) DAVID MALIK ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
(32) MELINDA QUIAT ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
(33) PHIL RUBIN ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
(34) SAM SCHAUL ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
(35) DEB SHALOM ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
(36) DAVID SLOSSBERG ----- REGIONAL BOARD CHAIR	2.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MARINA STEPHENS REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(38) ANN THOMPSON REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(39) AARON VICKAR REGIONAL BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(40) BARBARA BALSER PAST NATIONAL CHAIR	2.00 .50	X					0.	0.	0.	
(41) HOWARD BERKOWITZ PAST NATIONAL CHAIR	2.00 1.50	X					0.	0.	0.	
(42) KENNETH BIALKIN PAST NATIONAL CHAIR	2.00 .50	X					0.	0.	0.	
(43) BARRY CURTISS-LUSHER PAST NATIONAL CHAIR	2.00 .50	X					0.	0.	0.	
(44) BURTON LEVINSON PAST NATIONAL CHAIR	2.00 .50	X					0.	0.	0.	
(45) GLEN LEWY PAST NATIONAL CHAIR	2.00 7.50	X					0.	0.	0.	
(46) DAVID STRASSLER PAST NATIONAL CHAIR	2.00 .50	X					0.	0.	0.	
(47) ROBERT SUGARMAN PAST NATIONAL CHAIR	2.00 .50	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) GLEN TOBIAS ----- PAST NATIONAL CHAIR	2.00 1.50	X						0.	0.	0.
(49) ROBERT NAFTALY ----- HON. TREASURER	1.00 .50	X						0.	0.	0.
(50) BARBARA ADELMAN ----- NATIONAL COMMISSIONER	1.00 1.50	X						0.	0.	0.
(51) ANDREW ADELSON ----- NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(52) BENNET ALSHER ----- NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(53) DIANA ANDERSON ----- NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(54) KAREN ARTZ ASH ----- NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(55) JEROME AXELROD ----- NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(56) RONALD BALSER ----- NATIONAL COMMISSIONER	1.00 .50	X						0.	0.	0.
(57) RICHARD BARTON ----- NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
(58) DANIEL BELLER ----- NATIONAL COMMISSIONER	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) MARVIN BERENBLUM ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(60) BARRY BERG ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(61) JASON BERKOWITZ ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(62) JOSEPH BERMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(63) JARED BLUM ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(64) LINDA BLUM ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(65) BRIAN BOORSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(66) LYNNE BORSUK ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(67) BERNARD BROWNSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(68) JONATHAN BRUSS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(69) LINDA CLIFTON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) CLAUDIA COHEN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(71) DAVID COHEN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(72) FAITH COOKLER ----- NATIONAL COMMISSIONER	1.00 ----- 1.50	X					0.	0.	0.	
(73) JONATHAN COOKLER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(74) LAWRENCE COOPER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(75) ELLIOT COSGROVE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(76) A. STEVEN CROWN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(77) STEVEN DANIELS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(78) WILLIAM DAVIDSON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(79) WARREN DAVIS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(80) DIANE DENNIS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 99**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) JEFFREY DIAMOND ----- NATIONAL COMMISSIONER	5.00 ----- 0.	X						0.	0.	0.
(82) MARK DILLON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(83) MITCHELL DUBICK ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(84) JOANNE EGERMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(85) JAY EISENHOFER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(86) NORMAN EPSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(87) ROBERT EPSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(88) ALLEN FAGEL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(89) KEN FEILER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(90) ALAN FELDMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(91) SUSAN FINE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) STEVEN FINEMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(93) JUDITH FINKEL ----- NATIONAL COMMISSIONER	5.00 ----- 0.	X						0.	0.	0.
(94) MARK FINKELSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(95) MICHAEL FINKELSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- .50	X						0.	0.	0.
(96) HOWARD FISCHER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(97) BARBARA FISHBEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(98) ANDREW FISHMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(99) BARRY FLEISHMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(100) JOSHUA FORCE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(101) ANDREW FRACKMAN ----- NATIONAL COMMISSIONER	5.00 ----- 0.	X						0.	0.	0.
(102) CHARLOTTE FRANK ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103)	MICHAEL FREELING ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(104)	JULIANNA FRIEDMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(105)	SUE-ANN FRIEDMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(106)	SETH GADINSKY ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(107)	HAL GARNICK ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(108)	SETH GERBER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(109)	NICOLE GIBSON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(110)	KARYN GINSBERG-GREENWALD ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(111)	MARCIA GLASSEL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(112)	NEIL GOLDBERG ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(113)	JANE GOLDBLUM ----- NATIONAL COMMISSIONER	6.00 ----- 0.	X					0.	0.	0.	
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) JOSEPH GOLDBLUM ----- NATIONAL COMMISSIONER	6.00 ----- .50	X						0.	0.	0.
(115) JAMIE GOLDEN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(116) ANDREW GOLDMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(117) PEGGY GOLDMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(118) MARLENE GOLDSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(119) ROSLYN GOLDSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(120) CECILIA GOODMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(121) MARTIN GREENBERG ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(122) DAVID GROSSMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(123) JOAN HALPERN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(124) FRANKLIN HARBERG ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 99**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) DEBORAH HARRIS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(126) JOHN HARRIS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(127) DAVID HERSHBERG ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(128) EDWARD HERSHFIELD ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(129) SUSAN HOFFMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(130) YOSSIE HOLLANDER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(131) LOUISE HOMBURGER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(132) ERIC HORODAS ----- NATIONAL COMMISSIONER	7.00 ----- .50	X						0.	0.	0.
(133) MICHAEL HOROWITZ ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(134) DAVID ICKOVIC ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(135) ROCHELLE JACOBSON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) DONNA JOHNSON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(137) SAM JONAS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(138) ROBERT JOSSEN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(139) MARK JUSTER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(140) IVY KAGAN BIERMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(141) RHODA KAHN NUSSBAUM ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(142) DENNIS KAINEN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(143) MARC KAPLIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(144) LOUIS KAROL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(145) MICHAEL KATZ ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(146) JOEL KAYE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like ERIC KINGSLEY, JACK KLEIN, ALAN KLINGER, etc.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for the number of independent contractors.

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like HOWARD LANDAU, JONATHAN LAVINE, etc.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Header row is present, but no data rows are filled in.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) MAURICE LEWITT ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(170) ALAN LICHTIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(171) CINDY LYONS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(172) GINNY MACDOWELL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(173) HEIDI MANDEL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(174) STEVE MANDELL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(175) SYLVIA MARGOLIES ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(176) CYNTHIA MARKS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(177) TODD MARSHALL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(178) GREGG MASHBERG ----- NATIONAL COMMISSIONER	5.00 ----- 0.	X						0.	0.	0.
(179) DANIEL MEISEL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.

1b Sub-total ▶
c Total from continuation sheets to Part VII, Section A ▶
d Total (add lines 1b and 1c) ▶

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 99

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

Section B. Independent Contractors

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

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180)	LEAH MENDELSON NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(181)	LAURA MERAGE NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(182)	JUDITH MEYER NATIONAL COMMISSIONER	5.00 0.	X					0.	0.	0.	
(183)	LAWRENCE MILLER NATIONAL COMMISSIONER	6.00 .50	X					0.	0.	0.	
(184)	JACOB MOROWITZ NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(185)	MARSHA MOSES NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(186)	GEORGE MOSS NATIONAL COMMISSIONER	1.00 3.50	X					0.	0.	0.	
(187)	RICHARD MOSS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(188)	WILLIAM MOWAT NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(189)	NICOLE MUTCHNIK NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(190)	JILL NADEL NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) JONAH NEUMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(192) VALERIE NEWBERG ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(193) HARRIET NICHOLS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(194) SHARYN NICHOLS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(195) STEVEN NICHOLS ----- NATIONAL COMMISSIONER	1.00 ----- .50	X					0.	0.	0.	
(196) SUSIE NODDLE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(197) RICHARD NODEL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(198) SCOTT NOTOWITZ ----- NATIONAL COMMISSIONER	5.00 ----- 0.	X					0.	0.	0.	
(199) NEIL OBERFELD ----- NATIONAL COMMISSIONER	5.00 ----- 0.	X					0.	0.	0.	
(200) NORMAN OBLON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(201) THOMAS O'BRIEN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) ROBERT OGAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(203) JEFFREY PARKER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(204) SHELLEY PARKER ----- NATIONAL COMMISSIONER	6.00 ----- 4.50	X						0.	0.	0.
(205) NANCY PARRIS-MOSKOWITZ ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(206) DENNIS PASSIS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(207) A. ROSS PEARLSON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(208) STEVEN PEPPER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(209) FLORIE PERELLIS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(210) MICHAEL PERLOW ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(211) AUDREY PLOTKIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(212) LORNE POLGER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) JANET POZMANTIER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(214) ELIZABETH PRICE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(215) HARVEY PRINCE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(216) SUZANNE PRINCE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(217) DAVID PUDLIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(218) STEPHEN QUEEN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(219) JONATHAN QUINN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(220) STEVEN RABITZ ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(221) KENNETH RAISLER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(222) ALAN RAUSS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(223) ARTHUR REIDEL ----- NATIONAL COMMISSIONER	6.00 ----- .50	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) JOSHUA REISMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(225) MARC REISSNER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(226) BURTON RESNICK ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(227) MYRON RESNICK ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(228) ILENE RISPLER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(229) JEFFREY ROBBINS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(230) RACHEL ROBBINS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(231) BERNARD ROBERTS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(232) MONICA ROSENBLUTH ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(233) GIDEON ROTHSCHILD ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(234) MICHAEL ROTHSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 99**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) ARNOLD RUBIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(236) CHERI RUBIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(237) MICHAEL RUBIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(238) GEORGE RUDOLPH ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(239) JAMES RUDOLPH ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(240) DEBORAH RUDY ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(241) LILY SAAD ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(242) JANE SAGINAW ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(243) LEONARD SAHN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(244) STEPHEN SALTZMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(245) JEFFREY SAPER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) MITCHELL SARANOW ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(247) MARLENE SASSON RECHT ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(248) LEWIS SASSOON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(249) BEN SAX ----- NATIONAL COMMISSIONER	6.00 ----- 2.50	X						0.	0.	0.
(250) DAVID SCHAEFER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(251) RICHARD SCHAPS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(252) IAN SCHARFMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(253) MARC SCHEINESON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(254) MARC SCHNEIDER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(255) STEVEN SCHRAM ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(256) DALE SCHWARTZ ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) PAMELA SCHWARTZ ----- NATIONAL COMMISSIONER	6.00 ----- .50	X						0.	0.	0.
(258) LARRY SCOTT ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(259) MICHAEL SERLING ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(260) GIL SEROTA ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(261) NEAL SHAPERO ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(262) JAMES SHAPIRO ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(263) MICHAEL SHEETZ ----- NATIONAL COMMISSIONER	6.00 ----- .50	X						0.	0.	0.
(264) TERRY SHERMAN RALSTON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(265) HOWARD SHERWOOD ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(266) JEFFREY SIMON ----- NATIONAL COMMISSIONER	1.00 ----- 1.50	X						0.	0.	0.
(267) PAMELA SIMON ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) HELEN SPECTOR ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(269) ROBYN SPERLING ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(270) CHARLES STEINBERG ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(271) ELLEN STERNWEILER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(272) GREG STEWART ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(273) ALLAN STEYER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(274) STEPHEN SUSMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(275) ZENA TAMLER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(276) MARLA TANENBAUM ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(277) CHUCK TAYLOR ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(278) LEAH TEMKIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) NANCY TIMM ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(280) JAY TOBIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(281) WENDY TONKIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(282) TRACY TREGER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(283) STEVEN UNGERLEIDER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(284) JOHN WALLACH ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(285) JAMES WALLACK ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(286) LENORE WAX ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(287) ALAN WEIL ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(288) GREGG WEINER ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
(289) MIRIAM WEISMAN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) MITCHELL WESELEY ----- NATIONAL COMMISSIONER	7.00 ----- 2.50	X						0.	0.	0.
(291) D. RICHARD WILLIAMS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(292) BARRY WINOGRAD ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(293) JONATHON WISE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(294) DAVID WITTENSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(295) JACQUES WOLF ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(296) ERIC WOLKOFF ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(297) HARVEY WOLKOFF ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(298) ERIC ZACHS ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(299) STEPHEN ZACK ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(300) MARJORIE ZESSAR ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like MARTINE ZINN, ABRAHAM H FOXMAN, MELVIN SALBERG, etc.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Header row is present, but no data rows are filled in.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) SHERRIE FRACHTMAN ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
(313) ROBBYE FRANK ----- NATL COMMISSIONER (THRU 11/17)	5.00 0.	X					0.	0.	0.	
(314) JULIE GAL ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
(315) LAWRENCE E. GLICK ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
(316) EUGENE GOLDSTEIN ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
(317) JAY HACK ----- NATL COMMISSIONER (THRU 9/17)	1.00 0.	X					0.	0.	0.	
(318) PHILIP KORN ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
(319) MICHAEL MERLIN ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
(320) JEFFREY S. NEWBERG ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
(321) CAROL OSTROW ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
(322) AVNER PORAT ----- NATL COMMISSIONER (THRU 11/17)	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) JOHN A. RAPHAEL ----- NATL COMMISSIONER (THRU 3/17)	1.00 ----- 0.	X						0.	0.	0.
(324) LARRY RASKY ----- NATL COMMISSIONER (THRU 11/17)	1.00 ----- 0.	X						0.	0.	0.
(325) GREG ROSENTHAL ----- NATL COMMISSIONER (THRU 11/17)	1.00 ----- 0.	X						0.	0.	0.
(326) ANDREW C. SNYDER ----- NATL COMMISSIONER (THRU 11/17)	1.00 ----- 0.	X						0.	0.	0.
(327) GERALD STEMPLER ----- NATL COMMISSIONER (THRU 11/17)	1.00 ----- 0.	X						0.	0.	0.
(328) ROBYN TEPLITZKY ----- NATL COMMISSIONER (THRU 12/17)	5.00 ----- 0.	X						0.	0.	0.
(329) ANDREW H. TISCH ----- NATL COMMISSIONER (THRU 3/17)	1.00 ----- 0.	X						0.	0.	0.
(330) JEROME H. TURK ----- NATL COMMISSIONER (THRU 10/17)	1.00 ----- 0.	X						0.	0.	0.
(331) GARY ZAUSMER ----- NATL COMMISSIONER (THRU 12/17)	1.00 ----- 0.	X						0.	0.	0.
(332) HOWARD W. GOLDSTEIN ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
(333) JEFFREY B. GREENE ----- NATIONAL COMMISSIONER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 99

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

Section B. Independent Contractors

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

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334)	ALLAN J. JACOBS NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(335)	SAMUEL LEVY NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(336)	DANIEL MARIASCHIN NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(337)	LAWRENCE ROSENBLOOM NATIONAL COMMISSIONER	6.00 .50	X					0.	0.	0.	
(338)	MOISHE SMITH NATIONAL COMMISSIONER	1.00 0.	X					0.	0.	0.	
(339)	CLIFFORD SCHECHTER INTERNAL CONSULTANT	34.00 6.00			X			509,149.	0.	4,490.	
(340)	MICHAEL A. KELLMAN CHIEF FINANCIAL OFFICER	24.00 16.00			X			154,532.	103,021.	37,315.	
(341)	DEBORAH G. LAUTER SENIOR V.P, POLICY & PROGRAMS	40.00 0.				X		493,976.	0.	27,101.	
(342)	DAVID S. WAREN V.P, REGIONAL OPERATIONS	40.00 0.				X		238,756.	0.	33,974.	
(343)	FREDERIC BLOCH SENIOR VICE PRESIDENT, GROWTH	24.00 16.00				X		232,506.	155,005.	16,883.	
(344)	THOMAS W. RUDERMAN SENIOR V.P, TALENT & KNOWLEDGE	40.00 0.				X		225,758.	0.	14,330.	
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	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Steven Carl Sheinberg, Stacy M. Burdett, Evan Bernstein, Lonnie J. Nasatir, Seth Brysk, and Kenneth Jacobson.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Header row and several empty rows.

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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 for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,765,131.	2,407,224.	186,382.	171,525.
20 Interest	145,676.	15,578.	128,761.	1,337.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,123,429.	910,432.	112,573.	100,424.
23 Insurance	318,202.	257,873.	31,885.	28,444.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDUCATION PROJECT&FUNCTIONS	1,661,708.	1,661,708.		
b DIRECT MAIL	1,387,376.			1,387,376.
c GUARDIANS OF HUMANITY BK PRO	50,000.	50,000.		
d ALL 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,706,710.	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	340,000.	8	331,500.
	9 Prepaid expenses and deferred charges	445,781.	9	1,162,580.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,544,396.		
	b Less: accumulated depreciation	10b 15,339,728.		
		7,566,920.	10c	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	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 line 34)	30,629,125.	16	38,945,602.	
Liabilities	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 Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	4,000,000.	23	4,000,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,224,196.	25	33,977,357.
	26 Total liabilities. Add lines 17 through 25	47,170,556.	26	45,906,989.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-21,383,612.	27	-20,859,930.
	28 Temporarily restricted net assets	4,842,181.	28	13,898,543.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-16,541,431.	33	-6,961,387.
34 Total liabilities and net assets/fund balances	30,629,125.	34	38,945,602.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,202,602.
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	11,613,389.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-16,541,431.
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	-2,033,345.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-6,961,387.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

JSA
7E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (86.74%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (85.75%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2017, 2016. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2017, 2016. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) 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			
a			
b From 2013			
c From 2014			
d From 2015			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c 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 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	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	<u>8,909,364.</u>	<u>8,586,344.</u>	<u>9,377,668.</u>	<u>9,579,337.</u>	<u>8,305,556.</u>	<u>44,758,269.</u>

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **ANTI-DEFAMATION LEAGUE**

Employer identification number
13-1818723

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 8,931,431.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

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

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number
13-1818723

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II B

ADL HAS STAFF IN 27 OFFICES NATIONWIDE. OF THOSE BASED IN WASHINGTON, DC, ONE DEVOTED APPROXIMATELY 60% OF THEIR TIME TO LOBBYING; TWO DEVOTED APPROXIMATELY 75% TO LOBBYING AND ONE OTHER DEVOTED APPROXIMATELY 25% TO LOBBYING. THESE REPRESENTATIVES ENGAGED IN ADVOCACY ON LEGISLATIVE PROPOSALS RELATED TO FEDERAL HATE CRIME LAWS, GLOBAL ANTI-SEMITISM, THE MIDDLE EAST PEACE PROCESS, IMMIGRATION REFORM, THE USE OF GOVERNMENT MONEY TO FUND FAITH-BASED ORGANIZATIONS, AND COUNTER-TERRORISM PROPOSALS OUTSIDE OF WASHINGTON, DC., THE REGIONAL OFFICE STAFF ENGAGED IN NOMINAL LOBBYING ACTIVITY ON THE FEDERAL, STATE, AND LOCAL LEVELS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

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

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

Part II Conservation Easements.

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

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

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

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

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

JSA 7E1268 2.000

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment 9.0000 %
b Permanent endowment 75.0000 %
c Temporarily restricted endowment 16.0000 %

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) X, 3a(ii) X, 3b X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM ADL FOUNDATION	2,601,482.
(2) SECURITY DEPOSITS	96,334.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,697,816.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM PENSION OBLIGATIONS	27,231,680.
(3) DEFERRED RENT	6,745,677.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	33,977,357.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

PART V, LINE 3B

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

PART V, LINE 4

THE ADL FOUNDATION ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PROGRAM PURPOSES (SEE ADL FOUNDATION FORM 990 PART III FOR STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS). AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2

AS REQUIRED UNDER FIN 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", THE FOLLOWING FOOTNOTE WAS INCLUDED IN NOTE (2)(I) OF THE CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION: "ADL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO ADL'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511 AND IS REPORTED AND PAID WITH THE INTERNAL REVENUE SERVICE FORM 990-T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN)."

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	1.	5.	PROGRAM SERVICES	SEE PART V	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	2.	7.			1,031,298.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	7.			1,031,298.

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

Schedule F (Form 990) 2017

JSA
7E1274 1.000

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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

OMB No. 1545-0047

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.

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				4,405,800.	253,858.	4,151,942.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CONCERTS	AWARD LUNCHEON	73.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	2,548,691.	2,465,239.	12,586,270.	17,600,200.
	2 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.
Direct Expenses	4 Cash prizes				
	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 Direct expense summary. Add lines 4 through 9 in column (d) ▶				4,865,569.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				3,439,987.

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

PART I LINE 2B COLUMN (V)

THE AGREEMENTS FOR THE LISTED FUNDRAISING CONSULTANTS NOTE THE MONTHLY RETAINER AMOUNT FOR FUNDRAISING SERVICES. ALL OTHER PAYMENTS MADE TO THE PROFESSIONAL FUNDRAISERS ARE REIMBURSEMENTS FOR OTHER EXPENSES INCURRED. SUCH EXPENSES ARE ONLY REIMBURSED BY ADL SUBSEQUENT TO PROPER SUBSTANTIATION AND AUTHORIZATION. ADL PAID \$30,000.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
O'BRIEN GARRETT 1133 19TH STREET, NW, SUITE 300 WASHINGTON DC 20036	DIRECT MARKETING		X	2,426,997.	223,858.	2,203,139.
MOBILE CAUSE 27001 AGOURA ROAD, SUITE 350A CALABASAS CA 91301	FUNDRAISING SERVICES	X		1,978,803.	30,000.	1,948,803.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Part I General Information on Grants and Assistance

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

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

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

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

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

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

Schedule I (Form 990) (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.			
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.

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.

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.

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.

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 PREJUDICE 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

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.

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 ABOUT 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 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.

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

Part III Supplemental Information

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

PART I, LINE 1A

TRAVEL REIMBURSEMENT POLICY - ADL HAS A WRITTEN POLICY REGARDING TRAVEL REIMBURSEMENT IN ACCORDANCE WITH RULES FOR AN ACCOUNTABLE PLAN. THE ADL NATIONAL CHAIR REVIEWS A PERIODIC SUMMARY OF THE ADL CEO/NATIONAL DIRECTOR'S EXPENSE REPORTS. IN ADDITION, ALL TRAVEL COSTS RELATED TO COMPANIONS, ONCE APPROVED, ARE FULLY TAXABLE.

PART I LINE 4A

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

PART I LINE 4B

IN 2012, ADL AND THE ADL FOUNDATION FINALIZED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) BENEFIT FOR ABRAHAM H. FOXMAN, ADL'S NATIONAL DIRECTOR SINCE 1987. IT WAS IN RECOGNITION OF HIS SIGNIFICANT VALUE TO ADL AND THE ADL FOUNDATION AT THAT TIME AND GOING FORWARD AND HIS FIFTY YEARS OF INVALUABLE AND TIRELESS SERVICE, INCLUDING 25 YEARS AS A

Part III Supplemental Information

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

NATIONAL DIRECTOR. THE SERP IS A RETIREMENT BENEFIT THAT IS PAID OUT OVER TIME. \$148,517 WAS PAID DURING THE YEAR ENDED DECEMBER 31, 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)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Open To Public Inspection

Name of the organization
ANTI-DEFAMATION LEAGUE

Employer identification number
13-1818723

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BLUECADET	SEE PART V	106,875.	WEB STRATEGY		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV LINE 2(B)

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

JOSH GOLDBLUM IS THE SON OF NATIONAL COMMISSIONERS JANE AND JOSEPH

GOLDBLUM.

PART IV

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	259 .	3,062,030 .	MEAN, DATE OF CONTR.
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1 .	1,111,107 .	SELLING PRICE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EVENT RELATED</u>)	X	33 .	31,441 .	DONOR PROVIDED VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

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

PART 1, LINE 9 COLUMN (B)

EACH STOCK GIFT IS COUNTED AS A SEPARATE CONTRIBUTED ITEM.

PART 1 LINE 25 COLUMN (B)

THE AMOUNT REPORTED REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-1818723

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
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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. INITIATES 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
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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.

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

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

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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NATIONAL DIRECTOR WHO PRESENTS A RECOMMENDATION TO THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE MAKES A DECISION ON THE RECOMMENDATION, AS DOCUMENTED IN THE COMMITTEE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION AND THE ANNUAL REPORT ARE MADE AVAILABLE TO THE PUBLIC THROUGH A DIRECT LINK ON THE ADL WEBSITE, (WWW.ADL.ORG). FURTHERMORE, A FULL SET OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION IS AVAILABLE UPON REQUEST AS INDICATED ON THE ADL WEBSITE AND IN THE ANNUAL REPORT. THE ARTICLES OF INCORPORATION ARE AVAILABLE AT THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS IN WASHINGTON, DC.

FORM 990, PART XI, LINE 9

THIS TOTAL OF \$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 STATEMENTS).

ATTACHMENT 1

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

AUSTRIA

ISRAEL

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number 13-1818723
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ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
 FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,
 MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

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

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

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

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

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

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

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

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	C	8,931,431.	ACTUAL
(2) ANTI-DEFAMATION LEAGUE FOUNDATION	D	4,000,000.	ACTUAL
(3) ANTI-DEFAMATION LEAGUE FOUNDATION	E	4,000,000.	ACTUAL
(4) ANTI-DEFAMATION LEAGUE FOUNDATION	K	291,946.	ACTUAL
(5) ANTI-DEFAMATION LEAGUE FOUNDATION	L		UNDETERMINABLE
(6) ANTI-DEFAMATION LEAGUE FOUNDATION	M		UNDETERMINABLE

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	N	406,498.	ACTUAL
(2) ANTI-DEFAMATION LEAGUE FOUNDATION	O	3,753,181.	ACTUAL
(3) ANTI-DEFAMATION LEAGUE FOUNDATION	Q	736,841.	ACTUAL
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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