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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

A	For th	ne 201	5 calenda	ar year, or t	ax year begi	inning	07	/01 , 2015	, and endi	ng		06/30), 20 16	
_			C Name of	organization							D Employer idea	ntification	number	
В	Check if a	pplicable	AMER:	ICAN ADV	ERTISING	FEDERA	TION, IN	C.			13-258	1875		
	Addre		Doing bu	isiness as										
	7 7	change	Number	and street (or f	O box if mail is	not delivered	to street addres	is)	Room/suite		E Telephone nui	mber		
	Instial	return	1101	VERMONT	AVENUE,	NW #50	0				(202) 89	8-0089)	
		return/			ovince, country,			e	<u> </u>					
-	termir Amen	ided	WASH	INGTON,	DC 20005						G Gross receipts	. S	6.342	2,706.
		cation		nd address of p		JAMES	EDMUND	DATRI,	PRES &	CEO	H(a) Is this a grou	p return for	Yes	
	pendi	ing	1101	VERMONT	AVE., N						subordinates H(b) Are all subord		Yes	No
$\overline{}$	Tax-ex	empt st		501(c)(3)	X 501(c) (4947(a)(1)	T 1	 27	If "No," attac			
<u>:</u>			WWW.AA		1 1 1(0)(7 7 11	iliscit ilo /	1 4347 (a)(1)	0, 1 10,		H(c) Group exemp	-	-	
<u>-</u>				Corporation	Trust	Association	Other D		I Vear	of format	1967 M			NY
P	art I		mmary	Corporation	111030	Association	Outer		, E roar	or ronna	1011 2301 141	State of Teg	jai dominicile	
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Ĕ	١,													
Governance	2										of its net assets	1 1		109.
ن مخ		Numb	er of votin	g members o	the governing	body (Part	vi, line ra)					3		109.
	4											4	_	26.
VV JS	5											5		,000.
Z C	6	otal	number of	volunteers (es	stimate if neces	ssary)						6		,581.
Activities	'a				nue from Part \							7a		
	b	Net u	nrelated bu	usiness taxab	e income from	Form 990-1	T, line 34	· · · · · ·	<u> </u>	,		7b		,576.
J										-	Prior Year		Current \	
<u> </u>	8	Contr	ibutions ar	nd grants (Part	VIII, line 1h)						1,897,32			899.
enue/	9	Progr	am service	revenue (Part	VIII, line 2g)					<u> </u>	4,619,65			916.
Revenue	10				column (A), lin						2,72		5	891.
٥	11				mn (A), lines 5						C 510 CO	0.	- C 240	0.
ა					rough 11 (mus				<u></u>	1	6,519,69			706.
Í	13	Grant	s and simi	lar amounts p	aid (Part IX, co	lumn (A), <u>lin</u>	és 1-3) \/	$\mathbf{D} \cdot \cdot \cdot \cdot \cdot$		<u> </u>	126,92		95	5,000.
	14	Benef	its paid to	or for membe	rs (Part IX, co	umh (A), line	€ 4)	 		·	0 560 00	0.	0.061	0.
es	15	15 Salaries, other compensation, employee bej		enefits (Part IX, column (A), Jines 5-10)				·	2,563,38		2,861	738.		
Expenses	16 a	FIOLE	rolessional fundraising lees (Part IX, coldina, (A), line 11e)									0.		<u> </u>
×	. p	Total	fundraising	g expenses (P	art IX, column	(D) <u>: line 25)</u>		<u> </u>	, .	ļ	2 7 2 2 2 2			
	17	Other	expenses	(Part IX, colu	mn (A), lines 🖠	1a-11d ្ជា <u>ម</u> ្រ	240)=[\],.[.]	T			3,733,29			987.
					17 (must equa			25)		·	6,423,59			,725.
- 0	19	Rever	nue less ex	kpenses Subt	ract line 18 fro	m line 12.	 <u></u> .				96,09			2,019.
Assets or										Begin	ning of Current Y		End of Ye	
sset	20		•	rt X, line 16)							2,780,18			2,275.
\$ <u>\$</u>	21			Part X, line 26							1,758,25			2,363.
Net /					Subtract line 2	1 from line 2	20		· · · · · ·		1,021,93	31.	949	912.
	art II		gnature E											
Ur	ider per	nalties o	of perjury, I complete D	declare that I had beclaration of or	lave examined to eparer (other that	his return, ind in officer) is b	cluding accomp	anying sched	ules and state	ements, a	and to the best of	my knowl	edge and b	elief, it is
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e:	~ ~		1 10	rure/s	- Sen	rale					5/	12/17		
Się He	-	"	Signature o	of officer	- D						Date			
110			<u>LA</u>	VREL S	. / E N	HALE	-, CH/1	FF FIN	VANCIAL	06	FILER			
				nt name and title) 									
Pai	d		Type prepar			Preparer's	~_	. .	Date		Check	If PTIN		
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	e Only	Firm'	s name	SARFINO	AND RHOA	DES, LI	JP *				Firm's EIN ▶ 5			
		Firm's			ILLE PIKE, S				2-2794		Phone no 3	01-770	0-5500	
Ma	y the I	RS dis	cuss this i	return with the	preparer show	vn above? (s	see instruction	s)			<u></u>	X	Yes	No
Fo	Pane	nwork	Reduction	Act Notice	see the separa	te instruction	ons.						Form 99	0 (2015)

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Part IV . Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Х 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States?...... 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)....... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х

Part	V . Checklist of Required Schedules (continued)		-	
			Yes	No
20a `	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	· · · · · · · · · · · · · · · · · · ·	24a		<u>X</u>
b	Did the organization investigation for the original property of the ori	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	The first organization and the contract of the	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
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			х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
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	27		х
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>			
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_		28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	·	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		.,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
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Par				
	Check if Schedule O contains a response or note to any line in this Part V		• • • •	
	,		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a 26			
	Statements, med for the calendar year ending with or within the year covered by this return.		<u></u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	36		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		х
h	account)?	70		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	 		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		'
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	40-			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	440			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
JSA	ii les, lias it lieu a Forti / 20 to report triese payments / ii / ivo, provide an explanation iii Scriedule O	140		L

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

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Part VI

	Check if Schedule O contains a response or note to any line in this Part VI	• • • • • • • •		• •	X
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 109			1
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 109			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or u				
	supervision of officers, directors, or trustees, or key employees to a management company or oth		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to e				
/ a	one or more members of the governing body?		7a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval				
b			7b	Х	i
	stockholders, or persons other than the governing body?				
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during			
	the year by the following		8a	X	
а	The governing body?		8b	X	
b	Each committee with authority to act on behalf of the governing body?		90		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at			x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Λ
Sect	on B. Policies (This Section B requests information about policies not required by the In	terriai Reveriue	Code	<i>)</i> Yes	No
			40.	105	X
	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b		17
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	iling the form?.	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that could give]		
	rise to conflicts?		12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the p	oolicy? If "Yes,"			
	describe in Schedule O how this was done		12c		Х
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		Х
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
160		ar arrangement			
16a	·		16a		X
b	with a taxable entity during the year?				
D	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Contact 0404 required an accompation to make the Forms 1033 (or 1034 if applicable) 990, and	d 000 T /S+	E04/	1/21-	only.
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar available for public inspection. Indicate how you made these available. Check all that apply	ia 990-1 (Section	501(0	ع(د)(د ا	only)
	Own website Another's website X Upon request Other (explain in Science)	hedule (1)			
		Ť			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	nts, conflict of int	erest	polic	, 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 LAUREL PENHALE 1101 VERMONT AVE., NW #500 WASHINGTON, DC 20005 202-898-008	books and record	ls·►		
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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	orga	nıza	tıon	çor	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or di	not ch unles	Pos leck s pe	more rson	highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	1.00	х		х				0.	0.	0.
(2)DAVID MESSINGER VICE CHAIRMAN	1.00	х		х				0.	0.	0.
(3)RICH STODDART	1.00					 				
PAST CHAIRMAN		X		X	<u> </u>			0.	0.	0.
TREASURER	1.00	х	}	x				0.	0.	0.
(5)GERI WANG ASST. TREASURER	1.00	х		х				0.	0.	0.
_(6)KIM KELLEHER SECRETARY	1.00	x		х				0.	0.	0.
(7)DARYL EVANS ASST. SECRETARY	1.00	x		x				0.	0.	0.
(8)SEE COMPLETE LIST ATTACHED BOARD MEMBERS	1.00	х						0.	0.	0.
(9)JAMES E. DATRI PRESIDENT & CEO	60.00			х				444,159.	0.	9,269.
(10)LAUREL PENHALE CFO	35.00			х				143,121.	0.	25,949.
(11)CONSTANCE FRAZIER COO	45.00				x			236,397.	0.	14,507.
(12)CLARK RECTOR EVP, GOV'T RELATIONS	35.00	-				Х		130,963.	0.	35,342.
(13)LISA RUBIN EVP, EVENTS/CORPORATE	35.00					х		143,297.	0.	2,496.
(14) JOANNE SCHECTER EVP, CLUB SERVICES	35.00					х		115,316.	0.	29,733.

Form 990 (2015)

03003

3'

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employe	es (co	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson firect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatior	from	other compense		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	ISC)	orga and	m the nization related nization	d
			-										
											· <u> </u>		
											_		
1b Sub-total							>	1,213,253.		0.	1	17,2	296.
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A .						>	1,213,253.		0.	1	17,2	0. 296.
2 Total number of individuals (including but no reportable compensation from the organization)			liste	ed a	bov	e) wh	o re	eceived more than	\$100,000 of				
									=			Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen											3		Х
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	1 \$1	50,C	000	? //	"Yes	s, "	complete Schedu	ile J for su	ch		 -	
individual	r accrue co	mper	ısatı	on	fror	n any	un	related organizati	on or individu	ıal	4	X	
for services rendered to the organization? If " Section B. Independent Contractors	Yes," comple	te Sc	hedi	ule .	J for	such	per	rson	<u></u>	<u></u>	5		X
Complete this table for your five highest concompensation from the organization Report year													
(A) Name and business a	ddress					_	T	(B) Description of se	ervices		(C)	ation	
ATTACHMENT 1			_				上	<u>-</u>					
							+						
	*						+						
	·						\dagger						
2 Total number of independent contractors							se I	listed above) who	received				

Part VIII Statement of Revenue

		. Check if Schedule O contains a respon	ise or note to an	y line in this Part VII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e					
contribution nd Other Si	e f g	Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f \$	2,747,899.				
	h	Total. Add lines 1a-1f	▶	2,747,899.			
필			Business Code				
s	2a	MEMBERSHIP DUES	611710	1,892,257.	1,892,257.		
œ	b	CONFERENCE REGISTRATIONS	611710	1,365,321.	1,365,321.		
Š	С	FULFILLMENT AND ADVERTISING	541800	292,436.	113,936.	178,500.	
Ser	ď	OTHER PROGRAMS & AFFINITY	541800	38,902.	6,821.	32,081.	
Ë	_						
Program Service Revenue	f g	All other program service revenue Total. Add lines 2a-2f		3,588,916.			
	3	Investment income (including dividen					
		and other similar amounts). ATTACHMENT		5,891.			5,891.
	4	Income from investment of tax-exempt bond	. 1	0.			
	5	Royalties		0.			
		(ı) Real	(II) Personal				
	_	· · · · · · · · · · · · · · · · · · ·	(1)				
	6a	Gross rents	<u> </u>				
	b	Less rental expenses	-				
	С	Rental income or (loss) L	l				
	đ	Net rental income or (loss)		0.			ļ
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
i	b	Less cost or other basis					
	_	and sales expenses			1		
	_	Gain or (loss)					
	c d	Net gain or (loss)	` <u> </u>	0.			
		· · ·					
Ë	ва	Gross income from fundraising					
Other Revenue		events (not including \$					
å		of contributions reported on line 1c)					
ē		See Part IV, line 18 a					
5	ь	Less direct expenses b			_	 	
	C	Net income or (loss) from fundraising events	· · · · · · · •	0.			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory.		0.			
	L	Miscellaneous Revenue	Business Code				
	11a						
	b					 .	
	.						
	°						
	d	All other revenue					 -
	e	Total. Add lines 11a-11d		0.	2 272 225	0.0 .0.	
	12	Total revenue. See instructions	▶	6,342,706.	3,378,335.	210,581.	5,891.

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

	ot include amounts reported on lines 6b, 7b,	Total expenses			
	b, and 10b of Part VIII.		Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	05 000			
а	nd domestic governments See Part IV, line 21	95,000.			
	Grants and other assistance to domestic	0.			
	ndividuals See Part IV, line 22				
-	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	rustees, and key employees	1,157,689.			
	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	1,351,735.			
8 F	Pension plan accruals and contributions (include				
s	section 401(k) and 403(b) employer contributions)	0.			
9 (Other employee benefits	212,634.			
10 F	Payroll taxes	139,680.	<u>.</u>		
	ees for services (non-employees)	_			
	Management	0. 29,888.			 -
	Legal	20,505.		<u> </u>	
	Accounting	20,303.			
	Lobbying	0.			
	nvestment management fees	0.			
	Other (If line 11g amount exceeds 10% of line 25, column				
-	A) amount, list line 11g expenses on Schedule O)	289,326.			
	Advertising and promotion	252,933.			
13 (Office expenses	14,103.			
14 I	nformation technology	613,554.			
15 F	Royalties	0.			
16 (Occupancy	611,474.			
	Travel	370,528.			
	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	930,696.		 	
	Conferences, conventions, and meetings	0.			
	Interest	0.		 	
	Depreciation, depletion, and amortization	43,656.			
	Insurance	48,695.			
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
ı	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
	COALITIONS AND COUNCILS	78,000.			
	PRINTING AND PUBLICATIONS	64,244.			
	SERVICE CHARGES AND FEES	41,088.			
	POSTAGE AND DELIVERY	26,395. 22,902.		 	
	All other expenses Add by a 1 Absorb 24	6,414,725.		 	ļ
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	0,113,723.	· · · · · · · · · · · · · · · · · · ·	 	
	organization reported in column (B) joint costs	ļ			ļ
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.		<u> </u>	L

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Page **11**

Pa	rt X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,732,962.		991,369.
	2	Savings and temporary cash investments	387,523.	2	363,704.
	3	Pledges and grants receivable, net	0.		0.
	4	Accounts receivable, net	99,852.	4	322,137.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	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.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	70,852.	8	94,493.
_	9	Prepaid expenses and deferred charges	275,502.	9	458,502.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 598, 928.			
	b	Less accumulated depreciation	143,745.	10c	149,822.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities See Part IV, line 11		12	56,499.
	13	Investments - program-related See Part IV, line 11		13	0.
	14	Intangible assets	0.		0.
	15	Other assets See Part IV, line 11	69,749.		155,749.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,780,185.		2,592,275.
	17	Accounts payable and accrued expenses	512,942.		416,916.
	18	Grants payable		18	0.
	19	Deferred revenue	808,731.		821,880.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	0.
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and	0		
<u>ia</u>	۱	disqualified persons Complete Part II of Schedule L		22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
	ļ	·	436,581.	25	403,567.
	26	of Schedule D	1,758,254.		1,642,363.
_		Organizations that follow SFAS 117 (ASC 958), check here ► X and		20	
ces		complete lines 27 through 29, and lines 33 and 34.	1 001 001		040 010
lan	27	Unrestricted net assets	1,021,931.	-	949,912.
8	28	Temporarily restricted net assets	0.	28	0.
Ę,	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	ŀ	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	<u> </u>
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	1,021,931.		949,912.
_	34	Total liabilities and net assets/fund balances	2,780,185.	34	2,592,275.
					Form 990 (2015)

Form **990** (2015)

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

3a

Х

Schedule O

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public

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

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

	Section 527 organizations Comp	•			
		on Form 990, Part IV, line 4, or For			
		that have filed Form 5768 (election		•	•
		that have NOT filed Form 5768 (ele on Form 990, Part IV, line 5 (Pro			
「ax)	(see separate instructions), then	1	.,, (000 00)		-L, (a): (, iiiio ooo (i loxy
	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			·
	e of organization				ntification number
_	RICAN ADVERTISING F			13-25	
		rganization is exempt unde			nization.
1	•	organization's direct and indirec			
2					
3	Volunteer nours				
Par	t I-B Complete if the c	organization is exempt unde	r section 501(c)(3)		-
1	Enter the amount of any exc	ise tax incurred by the organizat	ion under section 49	955 ▶ \$	
2	Enter the amount of any exc	eise tax incurred by organization	managers under sed	ction 4955 ▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file Fori	m 4720 for this year?) 	. Yes No
4a	Was a correction made?				. Yes No
	If "Yes," describe in Part IV				
Par	t I-C Complete if the c	organization is exempt unde	r section 501(c), e	except section 501(c)(3).
1	Enter the amount directly e	expended by the filing organizat	on for section 527	exempt function	
	activities				
2	Enter the amount of the filir	ng organization's funds contribut	ed to other organiza	ations for section	
	527 exempt function activiti	es		▶\$	
3		enditures Add lines 1 and 2 l			
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification nun s. For each organization listed, a			
		ributions received that were pro			
		nd or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	`,	, ,	, ,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)			-		
('')			\dashv		
(2)					
,					
(3)					
(4)					
(5)			_		
(6)			_		
					<u> </u>
F 1	Danamusek Badusálan Act Natia	a aaa tha laatsustiana far Earm 000	000 E7	L	- O (F 000 000 FT) 441-

4-Year Averaging Period Under section 501(h)

i 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?

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

Yes

No

Schedule C (Form 990 or 990-EZ) 2015

Par	t II-B • Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	OT file	d For	m 576	88		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(4	1)		(b)	
	cription of the lobbying activity	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	 					
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of	-					
а	M. L. Land O.						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?	1_					
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?	L					
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?	<u> </u>					
j	Total Add lines 1c through 1i						
2 a	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	1					
C	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1				
d	t III-A Complete if the organization is exempt under section 501(c)(4), section 50			ootio			
Га	501(c)(6).	1(0)(3)	, 01 5	ecuo			
_	001(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?						X
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 50						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1	1	892	, 257
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a		132	, 904
b	Carryover from last year			2b			
C	Total			2c		132	, 904
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d	ues .		3		115	,428
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			ļ			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	lobbyii	ng				
_	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			4			, 476
5		· · · ·	<i></i> .	5			
	t IV Supplemental Information						 -
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliation and part II-B) line 4. Also consider the part for any additional information	ed gro	up list	:), Part	II-A, I	ines 1	and
2 (s	ee instructions), and Part II-B, line 1. Also, complete this part for any additional information						
						•••	

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

Page 4

SCHEDULE D (Form 99Q)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Internal Revenue Service Name of the organization

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

OMB No 1545-0047 2015

Open to Public Inspection

AME	RICAN ADVERTISING FEDERATION, INC.	13-2581875
	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	<u> </u>
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1		(b) i unus unu suitei accounts
2	Total number at end of year	
3	, , , ,	
	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5		
6	funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
u	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	• • • — —
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		f a historically important land area
	· · · · · · · · · · · · · · · · · · ·	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted 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	·
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing const	ervation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
		- 470/EN/4N/DN/N
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
9	and section 170(h)(4)(B)(ii)?	Yes No
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements	in statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the con	ation, or research in furtherance of
b		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revieworks of art, historical treasures, or other similar assets held for public exhibition, educations of art, historical treasures, or other similar assets held for public exhibition, educations are supported by the contraction of	ation, or research in furtherance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar as	• • • • • • • • • • • • • • • • • • • •
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	
b For l	Assets included in Form 990, Part X	
-011	rapermont necession met notice, see the mistructions for Form 330.	Schedule D (Form 990) 2016

	ule D (Form 990) 2015	e Collections o	f Ant Llins	ariani T		or Other Simi	lan Assats /s		Page 2
Par									_ <u>_</u> _
	Using the organization's acquisitio collection items (check all that appl		other recor	as, cneck -	any or th	e following that	are a significar	it use	or its
а	Public exhibition		ď	Loan o	r exchange	e programs			
b	Scholarly research		e	Other					
С	Preservation for future gener	rations		-					
4	Provide a description of the organ	nization's collection	s and expla	ain how ti	hey furthe	r the organization	n's exempt puri	ose in	Part
	XIII		•		•	· ·			
5	During the year, did the organizatio	n solicit or receive	donations o	f art. histo	orical treas	ures, or other sim	ılar		
	assets to be sold to raise funds rath							es 「	No
Par					<u> </u>		<u>••••</u>		
	Complete if the organizati 990, Part X, line 21.		s" on Form	990, Pa	ırt IV, line	9, or reported a	n amount on f	orm	
1a	Is the organization an agent, truste	e. custodian or oth	er intermed	lary for co	ontributions	s or other assets n	ot		
	included on Form 990, Part X?							es 「	No
	If "Yes," explain the arrangement in						· · · · · · · · ·	- L	
U	in res, explain the arrangement in	in all Alli allo con	ipiete the lo	iowing tab	,,e		Amount		
_	Pograping holongo				1		Alliount		
C	Beginning balance								
a	Additions during the year								
e	Distributions during the year					 			
f	Ending balance								
	Did the organization include an am						• 🗀	es	No
	If "Yes," explain the arrangement in	n Part XIII Check I	nere if the ex	xplanation	nas been p	provided on Part X	<u> </u>	<u> </u>	Щ
Par		:	-" -	- 000 D	4871	40			
	Complete if the organizat								
	ļ	(a) Current year	(b) Prio	r year	(c) Two ye	ars back (d) Three	years back (e) i	our year	s back
1a	Beginning of year balance		ļ						
b	Contributions								
С	Net investment earnings, gains,		1			Ì	Ì		
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
q	End of year balance								
2	Provide the estimated percentage		end balanc	e (line 1a	column (a)) held as			
a	Board designated or quasi-endown		%	c (iiio 19,	οσια:τιτι (α)) 11010 US			
b	Permanent endowment ▶	%							
c	Temporarily restricted endowment	<u> </u>	,						
•	The percentages on lines 2a, 2b, a								
3 a	Are there endowment funds not in	•		ation that	are held a	nd administered fo	r the		
- u	organization by	россосоло с.	ine organiza		a, o , , o, a a,	14 44 11 11 10 10 10		Yes	No
	(i) unrelated organizations						3a		+
	(ii) related organizations						-		+
	If "Yes" on line 3a(ii), are the relate								
	• • •	-	•						
4	Describe in Part XIII the intended it Land, Buildings, and Equ		ation's endo	wment iur	ias				
Par	Land, Buildings, and Equ Complete if the organiza	ition answered "Y	es" on For	m 990, P	art IV, line	e 11a See Form	990, Part X,	ine 10).
	Description of property	(a) Cost	or other basis	(b) Cost o	or other basis	(c) Accumulated	(d) Boo		
4 -	Lond		estment)	(01	ther)	depreciation	 		
	Land			 		 	 		
b	Buildings			 	(1 01 (104 710	-		200
	Leasehold improvements			<u> </u>	61,916.	<u> </u>			200.
d	Equipment			ļ 4	137,012.	344,390	-	92,	622.
e	Other			<u> </u>		<u> </u>			
Tota	I. Add lines 1a through 1e (Column	n (d) must equal Fo	rm 990, Part	X, columr	n (B), line 1	<i>0c)</i> ▶	<u> </u>	149,	822.

Schedule D (Form 990) 2015

	•
Dana	-

 .	Complete if the organization answered (a) Description of security or category	(b) Book value		(c) Method of valua	tion
	(including name of security)	(D) Book Value	(Cost or end-of-year mar	
	al derivatives				
	held equity interests				
3) Other					
_ <u>(A)</u>					
- (B)					
		<u> </u>			· · · · · · · · · · · · · · · · · · ·
- <u>(</u> E)		 			
- (F)		ļ			
- (G) (H)				 	
	n (b) must equal Form 990, Part X, col (B) line 12)				
	Investments - Program Related.		<u> </u>		
	Complete if the organization answere	d "Yes" on Form 990	, P <u>art IV, li</u> ne 1	11c See Form 990), Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of value	ation
-				Cost or end-of-year mar	ket value
(1) (2)		 			
(3)		-			
(4)					
(5)					
(6)					
(7)					
(8)					
70/					
(9)					
(9) otal. (Column	n (b) must equal Form 990, Part X, col (B) line 13)				
(9)	Other Assets.				
(9) otal. (Column	Other Assets. Complete if the organization answere		, Part IV, line	11d. See Form 990	
(9) otal. (Column Part IX	Other Assets. Complete if the organization answere (a) Do	d "Yes" on Form 990	, Part IV, line	11d. See Form 990	(b) Book value
(9) Total. (Column Part IX (1) DEPOS	Other Assets. Complete if the organization answere (a) Do		, Part IV, line 1	11d. See Form 990	(b) Book value
(9) Part IX (1) DEPO:	Other Assets. Complete if the organization answere (a) Do		, Part IV, line ′	11d. See Form 990	(b) Book value
(9) Part IX (1) DEPO: (2) (3)	Other Assets. Complete if the organization answere (a) Do		, Part IV, line 1	11d. See Form 990	(b) Book value
(9) Part IX (1) DEPO: (2) (3) (4)	Other Assets. Complete if the organization answere (a) Do		, Part IV, line	11d. See Form 990	(b) Book value
(9) rotal. (Column Part IX (1) DEPOS (2) (3) (4) (5)	Other Assets. Complete if the organization answere (a) Do		, Part IV, line	11d. See Form 990	(b) Book value
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(9) Fotal. (Column Part IX (1) DE PO: (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) Do		, Part IV, line	11d. See Form 990	(b) Book value
(9) Fotal. (Column Part IX (1) DE PO: (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere (a) Do		, Part IV, line	11d. See Form 990	(b) Book value
(9) Fotal. (Column Part IX (1) DE PO: (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) Do	escription			(b) Book value 155,749
(9) Total. (Column Part IX (1) DEPO: (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answere (a) Do SITS umn (b) must equal Form 990, Part X, col (B)	escription			(b) Book value 155,749
(9) Fotal. (Column Part IX (1) DE PO: (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) Do SITS umn (b) must equal Form 990, Part X, col (B) Other Liabilities.	line 15)			(b) Book value 155,749
(9) Total. (Column Part IX (1) DEPO: (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answere (a) Do SITS umn (b) must equal Form 990, Part X, col (B)	line 15)			(b) Book value 155,749
(9) Fotal. (Column Part IX (1) DEPO: (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answere (a) Do SITS umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere	line 15)d "Yes" on Form 990	, Part IV, line		(b) Book value 155,749
(9) Fotal. (Column Part IX (1) DEPO: (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25	line 15)	, Part IV, line		(b) Book value 155,749
(9) Total. (Column Part IX (1) DEPO: (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) Do SITS SITS Common (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)d "Yes" on Form 990	, Part IV, line		(b) Book value 155,749
(9) rotal. (Column Part IX (1) DEPO: (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability ral income taxes	line 15)d "Yes" on Form 990	, Part IV, line		(b) Book value 155,749
(9) rotal. (Column Part IX (1) DEPOS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Feder (2) DEFE	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability ral income taxes	line 15)d "Yes" on Form 990	, Part IV, line		(b) Book value 155,749
(9) Total. (Column Part IX (1) DEPOS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Feder (2) DEFE (3)	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability ral income taxes	line 15)d "Yes" on Form 990	, Part IV, line		(b) Book value 155,749
(9) otal. (Column Part IX (1) DEPOS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Feder (2) DEFE (3) (4)	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability ral income taxes	line 15)d "Yes" on Form 990	, Part IV, line		(b) Book value 155,749
(9) otal. (Column Part IX (1) DEPOS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Feder (2) DEFE (3) (4) (5)	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability ral income taxes	line 15)d "Yes" on Form 990	, Part IV, line		(b) Book value 155,749
(9) otal. (Column Part IX (1) DEPO: (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Feder (2) DEFE (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability ral income taxes	line 15)d "Yes" on Form 990	, Part IV, line		(b) Book value 155,749
(9) otal. (Column Part IX (1) DEPO: (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Feder (2) DEFE (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability ral income taxes	line 15)d "Yes" on Form 990 (b) Book value 403,	9, Part IV, line 1		(b) Book value 155,749
(9) rotal. (Column Part IX (1) DEPOS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Feder (2) DEFE (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) Do SITS Lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability ral income taxes	line 15)d "Yes" on Form 990 (b) Book value 403,	9, Part IV, line 1		(b) Book value 155,74

Schedule D (Form 990) 2016

JSA

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2015

SCHEDULE I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2015

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OMB No 1545-0047

Open to Public Inspection

Employer identification number 13-2581875 ž

AMERICAN ADVERTISING FEDERATION, INC.

General Information on Grants and Assistance Part I

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

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 Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAN FRANCISCO BOYS CHORUS							
33 HAYES STREET SAN FRANCISCO, CA 94102	94-1616811	501(C)(3)	10,000.				CONTRIBUTION
(2) ADVERTISING WEEK							
875 AVE. OF AMERICAS #2400	54-2122176	501(C)(6)	6,500.				CONTRIBUTION
(3) MIAMI INTERNATIONAL UNIVERSITY							
1501 BISCAYNE BLVD MIAMI, FL 33132	58-2641065	501(C)(3)	6,000.				CONTRIBUTION
(4) TEXAS STATE UNIVERSITY							
601 UNIVERSITY DRIVE SAN MARCOS, TX 78666	74-6002248	501 (C) (3)	6,000.				CONTRIBUTION
(5) POINT PARK UNIVERSITY							
201 WOOD STREET PITTSBURGH, PA 15222	25-1094922	501(C)(3)	6,000.				CONTRIBUTION
(6) ADCOLOR							
437 MADISON AVENUE NEW YORK, NY 10022	90-0656450	501 (C) (6)	15,000.				CONTRIBUTION
(7) COUNCIL OF BETTER BUSINESS							
DEPT 34938 ALEXANDRIA, VA 22334	23-7079691	501 (C) (6)	9,500.				CONTRIBUTION
(8) THE ADVERTISING COUNCIL							
815 SECOND AVENUE NEW YORK, NY 10017	13-0417693	501 (C) (3)	35,000.				SPONSORSHIP
(6)							
(10)				•			
	_						
(11)	- 4						
(12)							
1							
2 Enter total number of section 501(c)(3) and government (l government	t organizations li	organizations listed in the line 1 table.	eldi		•	, n
בוונפן נסנמ וומווספן סו סנוופן סוקמוונגמנוסווט ווסנפט ווו נוופ ווויפ ז נמטופי	פופת ווו נוופ ווו	ום ו ומחום					
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ons for Form 9	90.				Sche	Schedule I (Form 990) (2015)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1288 1 000

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03003

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Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2015) Part III

	(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
-						
4 69						
4						
9						
_						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	is part to prov	nde the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional

THE ORGANIZATION PROVIDES GRANTS ONLY TO THOSE ORGANIZATIONS DEEMED

PART I, ITEM 2

LEGITIMATE AND WHOSE PURPOSES FURTHER THE FIELD OF ADVERTISING.

03003

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SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ADVERTISING FEDERATION, INC.

Employer identification number 13-2581875

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel	1		
	Travel for companions Payments for business use of personal residence		l	i
	Tax indemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		İ	
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			[
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	X	L
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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			X
	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		$\frac{\hat{x}}{x}$
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	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			
3	compensation contingent on the revenues of			
а	The organization?	5a	 -	
	Any related organization?	5b		_
U	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
~	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
7	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
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	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	9		
For P	aperwork Reduction Act Notice, see the Instructions for Form 990.		rm 99	0) 2015

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Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)+(D)	in column (B) reported as deferred on pnor Form 990
JAMES E. DATRI	(E)	437,876.	0	6,283.	0	9,269.	453,428.	0.
	<u> </u>		0	0	0	0	0	0.
CONSTANCE FRAZIER	€	235,365.	0.	1,032.	0	14,507.	250,904.	0
2000	(ii)		0	0	0	0	0	0
CLARK RECTOR	(E)	129,931.	0	1,032.	0	35,342.	166,305.	0
3EVP, GOV'T RELATIONS	€	0.	0	0	0	0	0	0.
LAUREL PENHALE	€	141,537.	0	1,584.	0	25,949.	169,070.	0
4CFO	€	0.	0	0	0	0	0	0.
	ε							
\$	€							
	€							
9	(E)							
	(2)							
7	€							
	Θ							
8	≘							
	(0)							
6	(E)							
	Θ	and the second						
10	<u>(E)</u>							
	€							
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	Ξ							
12	E							
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13	€							
	ε							
14	(E)							
	€							
15	<u>(ii)</u>							
	<u>e</u>							:
16	€							
							Sche	Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015

Part III Supplemental Information

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

PART I, LINE 1A

ANNUAL MEMBERSHIP TO HEALTH CLUB

Schedule J (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**15**Open to Public

Department of the Treasury Internal Revenue Service 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.

Inspection
Employer identification number

13-2581875

Name of the organization

AMERICAN ADVERTISING FEDERATION, INC.

FORM 990, PART VI, LINE 6

MEMBERSHIP IS COMPRISED OF A) DULY ORGANIZED ADVERTISING CLUBS OR
FEDERATIONS, REGARDLESS OF OFFICIAL NAME, SO LONG AS A PRIMARY PURPOSE
RELATES TO THE ADVANCEMENT OF THE ADVERTISING PROFESSION; B) COMPANIES
WHICH BUY, SELL, USE OR PROVIDE ADVERTISING SERVICES; C) DULY ORGANIZED
AD 2 CLUBS OR FEDERATIONS, REGARDLESS OF OFFICIAL NAME, SO LONG AS A
PRIMARY PURPOSE RELATES TO THE ADVANCEMENT OF THE ADVERTISING PROFESSION;
D) DULY ORGANIZED NATIONAL OR REGIONAL ASSOCIATIONS REPRESENTING SPECIAL
AREAS OF INTEREST IN ADVERTISING; E) DULY ORGANIZED STUDENT ADVERTISING
CHAPTERS ON COLLEGE OR UNIVERSITY CAMPUSES; F) DULY ORGANIZED ADVERTISING
ENTITIES LOCATED OUTSIDE THE BOUNDARIES OF THE UNITED STATES.

FORM 990, PART VI, LINE 7A

THE GOVERNING BODY HAS BOTH ELECTED DIRECTORS AND EX-OFFICIO

DIRECTORS. THE NOMINATING COMMITTEE MEETS ON A REGULAR BASIS TO PREPARE A

LIST OF CANDIDATES FOR ELECTION TO THE BOARD OF DIRECTORS. THE ELECTED

DIRECTORS ARE ELECTED BY THE MEMBERS FROM (1) CANDIDATES PUT FORWARD BY

THE NOMINATING COMMITTEE FOR ELECTION AND/OR (2) CANDIDATES NOMINATED

FROM THE FLOOR AT THE MEMBER MEETING.

FORM 990, PART VI, LINE 7B

THE MEMBERS HAVE THE RIGHT TO APPROVE AMENDMENTS TO THE BYLAWS.

FORM 990, PART VI, LINE 11 B

UPON PREPARATION BY AN INDEPENDENT CPA FIRM, A DRAFT OF THE FORM 990 IS

Name of the organization AMERICAN ADVERTISING FEDERATION, INC. Employer identification number 13-2581875

REVIEWED BY MANAGEMENT BEFORE IT IS FINALIZED AND FILED WITH THE IRS.

FORM 990, PART VI, LINE 15A

THE COMPENSATION OF THE FEDERATION'S CEO IS DETERMINED BY THE

COMPENSATION COMMITTEE. THE COMMITTEE'S DELIBERATIONS INCLUDE

COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT AND AN

EVALUATION OF THE CEO'S PERFORMANCE. THE COMMITTEE FURNISHES

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS AND DECISION.

FORM 990, PART VI, LINE 19

THE ORGANIZATION CONSIDERS REQUESTS FOR DOCUMENTS WHICH ARE NOT OTHERWISE

REQUIRED TO BE MADE PUBLIC.

ATTACHMENT	1	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WALDORF ASTORIA 301 PARK AVENUE NEW YORK, NY 10022	BANQUET, ROOMS, EQPT	469,856.
1101 VERMONT AVE. INVESTORS LLC 8391 OLD COURTHOUSE RD VIENNA, VA 22182	OFFICE SPACE	718,918.
ADVANCED SOLUTIONS INT'L. 901 N. PITT STREET ALEXANDRIA, VA 22314	MEMB. DATA BASE	231,032.
SPECTRUM GROUP PRODUCTIONS 10319 WESTLAKE DRIVE BETHESDA, MD 20817	MEDIA PROD/CONSULTG	214,266.
OPEN WATER 1050 17TH STREET, NW WASHINGTON, DC 20036	WEBSITE	167,000.

6628LB C021

92,500.

821,880.

DEFERRED SPONSORSHIPS & OTHER

TOTALS