Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A F	or th	e 201	6 calendar year, or tax year beginning 07/01, 2016, a	nd ending		06/30, 2	017			
			C Name of organization		D Employer ider	ntification num	ber			
es c	heck if ap	plicable	AMERICAN ADVERTISING FEDERATION, INC.		13-258	1875				
	Addre	LS O	Doing business as		7					
	7 1	change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone number					
	trutial	return	1101 VERMONT AVENUE, NW #500		(202) 89	8-0089				
	Final r		City or town, state or province, country, and ZIP or foreign postal code		 					
\vdash	Amen	ded	WASHINGTON, DC 20005		G Gross receipts	s 6	, 235,	261.		
	return Applic	ation	F Name and address of principal officer JAMES EDMUND DATRI, P	RES & CEC) H(a) Is this a grou	p return for	Yes	X No		
٠	pendir	פי	1101 VERMONT AVE., NW #500 WASHINGTON, DC 20		Subordinates' H(b) Are all subord		Yes	No		
,	Tax-exe	emot st	<u> </u>	527	→ ``	halist (see instr	ا لـ	•		
			WWW.AAF.ORG	1 105/0	H(c) Group exemp	•	-			
_			nization X Corporation Trust Association Other	Vear of form	nation 1967 M	_		NY		
	art I		Immary	E real of form	12(10)1 2307 161	State of regard	Offficile			
			y describe the organization's mission or most significant activities TO PROV	TDE LEADE	ERSHIP AND	CULTIVA	re.			
•	'	PRO	MOTE AND DISSEMINATE KNOWLEDGE AND INFORMATION	J ON ISSU	7. S					
ŭ			OLVING AND AFFECTING ADVERTISING	. 011 10001	 _					
Ë	_			-f then 25	'0/ of do4					
Governance			this box if the organization discontinued its operations or disposed			1 1		119.		
			per of voting members of the governing body (Part VI, line 1a)			3		$\frac{119}{119}$.		
Activities &			per of independent voting members of the governing body (Part VI, line 1b).			4		$\frac{119.}{22.}$		
¥			number of individuals employed in calendar year 2016 (Part V, line 2a)			5		000.		
ćţ	6	Total	number of volunteers (estimate if necessary)			6	197,			
•			unrelated business revenue from Part VIII, column (C), line 12			7a	-85,			
	<u>b</u>	Net u	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b	rrent Ye			
		_		<u> </u>		I				
ë			ibutions and grants (Part VIII, line 1h)		2,747,89		,857,			
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		3,588,91		, 375,			
Š	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d). RECEVED		5,89		<u> </u>	882.		
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1u c, and I.le)		6 240 76	0.	005	0.		
			revenue - add lines 8 through 11 (must equal Partyll, column (A), line 12)	1 1771	6,342,70		,235,			
	13	Grant	s and similar amounts paid (Part IX, column (A), Ines 1-3/VIAY 1 5.2018	√∛	95,00		127,	990.		
	14	Benef	fits paid to or for members (Part IX, column (A), line 4)	18		0.		0.		
es	15		ies, other compensation, employee benefits (Parl IX, column(A); imes, 5-10)	2,861,73		,952,				
Expenses	16 a	Profe:	ssional fundraising fees (Part IX, column (A), line 11e)			0.		0.		
ă	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶							
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,457,98		,319,			
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		6,414,72		,400,			
		Rever	nue less expenses Subtract line 18 from line 12		-72,01	9.	-165,	234.		
Net Assets or Fund Balances				Beg	inning of Current		d of Yea			
sets	20	Total	assets (Part X, line 16)		2,592,27		,388,			
AB	21	Total	liabilities (Part X, line 26)		1,642,36	33. 1	,603,	884.		
훒	22	Net a	ssets or fund balances Subtract line 21 from line 20		949,91	2.	784,	678.		
Pa	rt II	Si	gnature Block							
Une	der per	alties	of perjury, I declare that I have examined this return, including accompanying schedule	s and statements	, and to the best of	my knowledg	e and be	lief, it is		
true	e, corre	ct, and	complete Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge	1 -				
			V CANDALONZA C. MARIEL		100/	11/18				
Sig			Signature of officer	1 .	Date /					
He	re		/ Constance C. trazier Chief Oper	cating (Officer					
			Type or print name and title							
		Print	Type preparer's name Preparer's signature	Date	Check	ıf PTIN	4			
Paid		M	Pichael J. Devlin CPA Michael J. Devlin	5/10/18	self-employ	ed P00	24553	2		
	parer		sname SARFINO AND RHOADES, LLP		Firm's EIN ▶ 5	2-09616	57			
Use	Only	\vdash	s address >11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 20852-	2794	1 1 11111 2 2111 2	301-770-				
Mav	the II		scuss this return with the preparer shown above? (see instructions)				Yes	No		
<u> </u>			Reduction Act Notice, see the separate instructions.	<u>• • • • • • • • • • • • • • • • • • • </u>	<u> </u>		m 990			

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2art	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,"		1	
	complete Schedule A	1		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	- 1	}	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	1	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ſ	[
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,		}	
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		- }	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ĺ	1	
	"Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	
	complete Schedule D, Part III	8		<u> </u>
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		j	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		,	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted		Ì	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	7. 25-24	X
	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	£.7.	医	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.,	
	complete Schedule D, Part VI	11a	X	
Ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more]	ĺ	х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.	}	Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d	x	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a footbode that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···-		
, 0	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	}	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	}	}	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	لـــا	X
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	- · · · · · · · · · · · · · · · · · · ·	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22]	_ 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? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		l	
	· · · · · · · · · · · · · · · · · · ·	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		
þ	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?	25b		
26	If "Yes," complete Schedule L, Part I	250		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u>'</u>	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			X
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
22	complete Schedule N, Part II	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
J-4	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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	L	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2016)

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Par				_
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	• • •	ليه
4.0	Enter the number reported in Box 3 of Form 1096. Enter A if not applicable.		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			ł
	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
·	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			Г
	Statements, filed for the calendar year ending with or within the year covered by this return. 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u>_</u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		X
h	account)?	4a		<u>^</u>
D	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			1
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	X	<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			}
	gifts were not tax deductible?	6b	X	<u> </u>
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 7b		├—
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
C	required to file Form 8282?	7c		
d	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
	sponsoring organization have excess business holdings at any time during the year?	8		₽
9	Sponsoring organizations maintaining donor advised funds.			
	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	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			<u> </u>
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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		┼
	Note. See the instructions for additional information the organization must report on Schedule O			ł
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			
_	the organization to issue qualification for the state of			1
	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	†
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				tions
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	<u>· · ·</u>	<u> X </u>
Sect	ion 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 119	1		<u> </u>
	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	110) }		}
b	Enter the number of voting members included in line 1a, above, who are independent	1b 119	1 1		}
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			<u>.</u>
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or un		} _ }		\.,
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5	 -	X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint	1 1		1
	one or more members of the governing body?		7a	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,	1 1		}
	stockholders, or persons other than the governing body?		7b	_X	ļ
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during		ı	
	the year by the following				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at	}	1	ļ
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9_		X
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue	Code		
			لـــــ	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	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		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f		11a	<u> </u>	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· ·			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests		ł		l
_	rise to conflicts? ,		12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicv? If "Yes."			T
·	describe in Schedule O how this was done		12c	}	Х
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
	Did the process for determining compensation of the following persons include a review at				
15	•]	1	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation.		15a	X	<u> </u>
a	The organization's CEO, Executive Director, or top management official		15b	 	X
þ	Other officers or key employees of the organization		1.55	 	
4.5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1		}
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		16a		X
	with a taxable entity during the year?		100		
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization				ł
	participation in joint venture arrangements under applicable federal tax law, and take steps to		16b	<u> </u>	 -
	organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · · 	100	L	<u> </u>
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶	1000 = 15			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an	d 990-1 (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply	hodulo (1)			
	Own website Another's website X Upon request Other (explain in Sci	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of int	erest	polic	y, 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 THE ORGANIZATION 1101 VERMONT AVE., NW #500 WASHINGTON, DC 20005 202-898-008	books and record	is ►		
<u></u>	THE OCCUMENTAL TAX ARRESTS MASS' NO ERROR TO SEC. 030-000	· 		990	(0010
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)KIM KELLEHER	1.50										
VICE CHAIRMAN	0.	Х	1	x				0.	0.	(
(2)DAVID MESSINGER	1.50										
CHAIRMAN	0.	X		X				0.	0.		
(3)JIM NORTON	1.50						Γ				
PAST CHAIRMAN	0.	X	1 _1	X			l	0.	0.		
(4)ANDY NARRAI	1.50										
TREASURER	0.	_ X	1_1	X			L_	0.	0.		
(5)GERI WANG	1.50						-				
ASST. TREASURER	0.	Х		X			l	0.	0.		
(6)TIFFANY WARREN	1.50]									
SECRETARY	0.	X		X				0.	0.		
(7)DARYL EVANS	1.50										
ASST. SECRETARY	0.	Х	1_1	X			<u> </u>	0.	0.		
(8)SEE COMPLETE LIST ATTACHED	0.							}			
BOARD MEMBERS	0.	X	<u>l</u> _l				<u>L</u> _	0.	0.		
(9) JAMES E. DATRI	60.00					}					
PRESIDENT & CEO	0.	}	1_1	Х				728,947.	0.	13,17	
10)LAUREL PENHALE	35.00										
CFO	0.	1	1 _ 1	Х			<u> </u>	153,362.	0.	15,85	
11)CONSTANCE FRAZIER	45.00	}									
COO	0.				X			330,076.	0.	15,47	
12)CLARK RECTOR	35.00	}									
EVP, GOV'T RELATIONS	0.	<u></u>			L'	Х	L	132,370.	0.	25,33	
13)LISA RUBIN	35.00				}						
EVP, EVENTS/CORPORATE	0.	<u> </u>			_	X	L	193,242.	0.	2,52	
(14)JOANNE SCHECTER	35.00							}	}		
EVP, CLUB SERVICES	0.	1	1 1	1	1	Х	ł	119,445.	0.	22,94	

Form 990 (2016)

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Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	hours per (do not check more week (list any box, unless person officer and a direct		is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Esti amo comp					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		orga and	n the nization related nization	l
15) LAUREN GRADOWSKI	35.00												
VP, EVENTS/CORPORATE	0.			_	<u> </u>	Х	_	113,364.		0.		7,9	58.
					ł					1			
		-	 	-	-		 						
		1	1	ł	ł					ł			
]											
			<u>L</u>	_	<u> </u>		_	<u></u>					
	 	1	1	}	ł			1		Ì			
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		{	}	1				1		1			
		 -	├	-	 		 	 					
		1		\ 	<u> </u>								
						-							
	 			<u> </u>	 	 	}		ļ				
		}	}	1	}	1	}	}		}			
1b Sub-total	J.—.—.				٠	L	▶	1,657,442.		0.		95,3	09.
c Total from continuation sheets to Part VII, S							>	113,364.		0.			58.
d Total (add lines 1b and 1c)							<u> </u>	1,770,806.		0.	1	03,2	67.
2 Total number of individuals (including but not reportable compensation from the organizatio				ed a	bov	e) wh	o re	eceived more than	\$100,000 of				
reportable compensation from the organizatio			<u>'</u>									Yes	No
3 Did the organization list any former offic	er. directo	or. or	tri	uste	e.	kev e	emp	olovee, or highes	t compensate	ed			
employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the	sum of rep	portat	ole (com	per	satio	n a	nd other compens	sation from th	he	1 1		ı
organization and related organizations grandingly individual											4	X	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Y											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest com- compensation from the organization. Report of year	pensated i compensati	ndepo on fo	ende r the	ent e ca	con	tracto dar ye	ear e	that received more ending with or with	than \$100,0	zatior	t n's tax		
(A)	drana							(B)	annoe.		(C)	ation	
ATTACHMENT 1	Name and business address Description of services Compensation												
ATTACHMENT I					-		+						
							I						
							1						
2 Total number of independent contractors (iii	ncluding b	ut no	t lur	nite	d tr	thos	ا م	listed above) who	received				

more than \$100,000 in compensation from the organization ▶

	•	·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ये द्वा	1 a	Federated campaigns	1a					_
i Sia	b	Membership dues	<u>1b</u>		İ			
A is	c	Fundraising events	1 1		}			
ig ig	d	Related organizations	<u>1d</u>					
Sin's,	e	Government grants (contribu	tions) 1e		1	ĺ		
utio Per	f	All other contributions, gifts,	grants,	}				
ig 5		and similar amounts not included	labove . 1f	2,857,552.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included i			-			
	<u>h</u>	Total. Add lines 1a-1f			2,857,552.			
eun				Business Code				
Š	2a	MEMBERSHIP DUES		611710	1,856,549.	1,856,549.		
9	b	CONFERENCE REGISTRATIONS		611710	1,196,218.	1,196,218.	150 350	
<u> </u>	С	FULFILLMENT AND ADVERTISE		541800	290,914.	118,164.	172,750.	
Program Service Revenue	d	OTHER PROGRAMS & AFFINITY		541800	32,146.	6,964.	25,182.	
ja i	е							
ě	f g	All other program service rev Total. Add lines 2a-2f		\	3,375,827.			
-					3,3,3,027.			
	3	Investment income (income and other similar amounts).	-	1	1,882.			1,882
Ì	4	Income from investment of		. (0.			- 2,002
	5	Royalties	•		0.			
		1	(i) Real	(ii) Personal				
	6a	Gross rents			ľ			{
	b	Less rental expenses			1			
	c	Rental income or (loss)						
i	d	Net rental income or (loss).			0.			
	7 a	Gross amount from sales of	(i) Securities	(II) Other	}			
	ı	assets other than inventory						
	b	Less cost or other basis				Ę		
	ı	and sales expenses						
	С	Gain or (loss)	L	<u> </u>				
	d	Net gain or (loss)		<u></u> ▶	0.			
9	8a	Gross income from fundra	using	1	1			
enu		events (not including \$				}		•
Other Revenue		of contributions reported on	line 1c)					
er		See Part IV, line 18	a	0.		1		
Oth	b	Less direct expenses	b	0.		-		
	С	Net income or (loss) from fu	indraising events	· · · · · · · •	0.			<u> </u>
	9a	Gross income from gaming		[
		See Part IV, line 19	а			1		İ
	b	Less direct expenses					 	
	С	Net income or (loss) from g	aming activities.	···· •	0.			
ĺ	10a	Gross sales of inventor		1				
	İ	returns and allowances		, ,		j		1
!	b	Less cost of goods sold	b	0.				
1		Net income or (loss) from sa Miscellaneous Revenu		Business Code	U.,			
				Outsiless Code		- · · · ·		
	11a							
	ь			<u> </u>				
	C	AB 05-2-2-2-		 		-		
	d	All other revenue			0.			
	е	Total. Add lines 11a-11d .			6,235,261	3,177,895.	197,932.	1,882

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Form 990 (2016)

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										
	not include amounts reported on lines 6b, 7b, 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	127,990.								
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	0								
4	Individuals See Part IV, lines 15 and 16 Benefits paid to or for members	0.								
5	Compensation of current officers, directors, trustees, and key employees	1,165,009.								
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	1,395,702.								
	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0.								
	Other employee benefits	254,599. 137,495.								
10	Payroll taxes	137,433.		 						
	Fees for services (non-employees) Management	0.		}						
	Legal	23,202.								
	Accounting	28,420.								
	Lobbying	0.								
	Professional fundraising services See Part IV, line 17.	0.		ļ						
f	Investment management fees	0.								
9	Other (If line 11g amount exceeds 10% of line 25, column	244,764.								
40	(A) amount, list line 11g expenses on Schedule O),	252,611.								
	Advertising and promotion	5,839.		 	<u> </u>					
13 14	Office expenses	616,969.								
15	Royalties	0.		 	_ 					
16	Occupancy	618,737.		<u> </u>						
17	Travel	348,517.								
	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.		ļ						
19	Conferences, conventions, and meetings	844,679.		<u> </u>						
20	Interest	0.		 	 					
21	Payments to affiliates	85,429.								
22	Depreciation, depletion, and amortization	43,917.		 	 					
23 24	Other expenses Itemize expenses not covered	,			 					
24	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)									
_	COALITIONS AND COUNCILS	40,000.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	/ 					
-	PRINTING AND PUBLICATIONS	67,275.								
	SERVICE CHARGES AND FEES	37,825.		ļ						
_	POSTAGE AND DELIVERY	31,914.		 						
	All other expenses	29,602. 6,400,495.		 						
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	0,400,493.								
	fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	0.								

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Form 990 (2016)

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		X
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	991,369.		880,307.
	2	Savings and temporary cash investments	363,704.	2	138,317.
	3	Pledges and grants receivable, net	0.	_	0.
	4	Accounts receivable, net	322,137.	4	385,404.
	5	Loans and other receivables from current and former officers, directors,		j	
		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	94,493.	8	139,490.
1	9	Prepaid expenses and deferred charges	458,502.	9	148,976.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 967, 701.			
	b	Less accumulated depreciation	149,822.	10c_	433,166.
	11	Investments - publicly traded securities	0.	L	0.
	12	Investments - other securities See Part IV, line 11	56,499.	12	70,999.
	13	Investments - program-related See Part IV, line 11	0.	13	0,
	14	Intangible assets	0.	,	0.
	15	Other assets See Part IV, line 11	155,749.		191,903.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,592,275.		2,388,562.
	17	Accounts payable and accrued expenses	416,916.		577,569.
	18	Grants payable		18	0.
	19	Deferred revenue	821,880.		671,095.
	20	Tax-exempt bond liabilities	<u>0</u> .		0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,		1	
iabilities		trustees, key employees, highest compensated employees, and	•	}	
jab		disqualified persons Complete Part II of Schedule L		22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	1	0.
	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	403,567.		355,220.
		of Schedule D	1,642,363.		1,603,884.
	26	Total liabilities. Add lines 17 through 25	1,042,303	26	1,003,004.
Ses		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	949,912.	+	784,678.
Bal	28	Temporarily restricted net assets	0.	1	0.
Б	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	949,912		784,678.
	34	Total liabilities and net assets/fund balances	2,592,275.	34	2,388,562.
				_	Form 990 (2016)

Form 990 (2016) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI..... 6,235,261. 1 6,400,495. 2 2 -165,234. 3 3 949,912. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ō. 5 5 Ō. 6 6 Ō. 7 7 Ō. 8 8 Ō. 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 784,678. 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No Other Accounting method used to prepare the Form 990 Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Х 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis Х 2b 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 X | 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 Х 2c 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 Х 3a 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

03003

Form 990 (2016)

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 Inspection

Department of the Treasury Internal Revenue Service

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

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

		that have filed Form 5768 (election un		•							
	.	that have NOT filed Form 5768 (election			-						
if the	organization answered "Yes,"	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-6	Z, Part V, line 35c (Proxy						
	(see separate instructions), then Section 501(c)(4), (5), or (6) orga										
	e of organization	anizations Complete Part III		Employer ide	ntification number						
	•	EDEDAMION INC		13-258							
	CRICAN ADVERTISING F		Ai 504/-\i								
		organization is exempt under									
1	·	organization's direct and indirect p	olitical campaign ac	tivities in Part IV (see i	nstructions for definition						
	of "political campaign activities")										
2											
3_		campaign activities (see instruction									
Pai		organization is exempt under s									
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 4955	5 ▶ \$							
2		cise tax incurred by organization m									
3	_	a section 4955 tax, did it file Form	· · · · · · · · · · · · · · · ·								
4 a	Was a correction made?				Yes No						
	If "Yes," describe in Part IV				,						
Pai	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>). </u>						
1	-	expended by the filing organization									
2		ng organization's funds contributed									
_	527 exempt function activities	es		▶\$							
3	line 17b	enditures Add lines 1 and 2 En		▶\$							
4	Did the filing organization file	e Form 1120-POL for this year?			. Yes No						
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiza	ations to which the filing						
		s For each organization listed, en									
		tributions received that were prom nd or a political action committee (I									
		 	1								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and						
			}	funds If none, enter -0-	promptly and directly						
			}		delivered to a separate						
				}	political organization If						
					none, enter -0-						
(1)											
		_]	<u> </u>							
(2)											
(3)											
]								
(4)											
(5)											
]								
(6)											
. ,											

V 16-7.17

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

Schedule C (Form 990 or 990-EZ) 2016

Sch		AN ADVERTISING PEDERATION, INC.		301073 Page Z
Pa	rt II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	ction under
A		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's
В	Check ▶☐ If the filing organization	checked box A and "limited control" provision	ions apply.	
		ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1	a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add	d lines 1c and 1d)		
f	Lobbying nontaxable amount Enter th	e 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 29	5% of line 1f)		
h	=	ess, enter -0		
i		ss, enter -0		
j		on either line 1h or line 1i, did the organiza		
		<u> </u>		Yes No
		4-Year Averaging Period Under section 501(h)		
	, -	section 501(h) election do not have to comp		ins below.
	See	the separate instructions for lines 2a through	2f.)	
	Lobi	oying Expenditures During 4-Year Averaging Pe	eriod	

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

Schedule C (Form 990 or 990-EZ) 2016

Page 3

FOR AM		(a)		(t))	
	ch "Yes," response on lines 1a through 11 below, provide in Part IV a detailed ion of the lobbying activity	Yes	No		Amo	unt	
leg	ring the year, did the filing organization attempt to influence foreign, national, state or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of:						
	lunteers?						
b Pa	id staff or management (include compensation in expenses reported on lines 1c through 1i)?,	<u> </u>	L				
	dia advertisements?						
d Ma	ulings to members, legislators, or the public?		<u> </u>	<u> </u>			
	blications, or published or broadcast statements?	1	ļ				
	ants to other organizations for lobbying purposes?						
_	ect contact with legislators, their staffs, government officials, or a legislative body?	I .	 				
	llies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1					
	her activities?						
	tal Add lines 1c through 1i		1	 			
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	Yes," enter the amount of any tax incurred under section 4912		1	 			-
	Yes," enter the amount of any tax incurred by organization managers under section 4912 he filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		{				
	-A Complete if the organization is exempt under section 501(c)(4), section 501), or s	sectio	n	·	
	501(c)(6).					Yes	No
4 107	ere substantially all (90% or more) dues received nondeductible by members?				1	+	X
	I the organization make only in-house lobbying expenditures of \$2,000 or less?					 	X
	If the organization make only in-house lobbying expenditures of \$2,000 or less?					X	-
1 Du	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." es, assessments and similar amounts from members			1		,856	
				- <u>-</u> -		·	
ро	ction 162(e) nondeductible lobbying and political expenditures (do not include amoi litical expenses for which the section 527(f) tax was paid).			2-		110	. 56
	rrent year			2a 2b			, 47
	rryover from last year			2c		128	<u> </u>
	tal			3		127	<u> </u>
	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			1			
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			1 1			
	cess does the organization agree to carryover to the reasonable estimate of nondeductible liderated by the second of the control of the contr			4			49
	xable amount of lobbying and political expenditures (see instructions)			5			
Part I							
	the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate istructions), and Part II-B, line 1. Also, complete this part for any additional information	d gro	up lis	t), Part	II-A, I	ines 1	an
Part I\ Provide	Supplemental Information the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate			t), Part	11-A,	ines	s 1

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JSA 6E1266 1 000 Schedule C (Form 990 or 990-EZ) 2016

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete If the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer Identification number

AME	RICAN ADVERTISING FEDERATION, INC.	13-2581875
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	[' [-]
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fi	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
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)	
	Preservation of land for public use (e.g., recreation or education) Preservation	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	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 termin	nated 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, inspect	
c	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
′	S	onservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 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 an	
-	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r 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 works of art, historical treasures, or other similar assets held for public exhibition, edu	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide, in Part XIII, the text of the footnote to its financial statements that des	ication, or research in furtherance of scribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r	
U	works of art, historical treasures, or other similar assets held for public exhibition, edu	ication, 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	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenue included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	\$ Schedule D (Form 990) 2016
rorl	-aperwork Reduction Act Notice, see the instructions for Form 990.	3chequie D (Conn 330) 2016

	ule D (Form 990) 2016		A 4 10:4						Page 2
Par									
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o	other record	s, check a	any of t	the follow	ing that are a	significant us	e of its
а	Public exhibition		d \square	Loan or o	exchan	ge prograi	ns		
b	Scholarly research		e	Other		•			
С	Preservation for future generation	ons							
4	Provide a description of the organiza		and explai	n how the	y furth	er the or	ganization's exe	empt purpose	ın Part
_	XIII				14		- 41		
5	During the year, did the organization s							[
	assets to be sold to raise funds rather		ained as par	t of the org	janizati	on's collec	tion?	. Yes	No
Par	tiV Escrow and Custodial Arran Complete if the organization 990, Part X, line 21		s" on Form	990, Part	t IV, lin	e 9, or re	ported an am	ount on Form	ו
12	Is the organization an agent, trustee,	custodian or othe	ar intermedia	any for con	tributio	ns or other	r assets not		
14	included on Form 990, Part X?							Yes	No
ь	If "Yes," explain the arrangement in P.								
J	in res, explain the arrangement in r	art XIII and Comp	siete the lone	wing table		$\overline{}$	Amou	nt .	
_	Reginning halance						Allou	···	
	Beginning balance								
a	Additions during the year								
e	Distributions during the year								
1	Ending balance								
	Did the organization include an amoun						•		No
	If "Yes," explain the arrangement in P	art XIII Check h	ere if the exp	planation ha	as been	provided	on Part XIII		
Par				000 0-4	. 15.7. 1	- 40			
	Complete if the organization						T*. 3. 2. ***		
		(a) Current year	(b) Prior	year	(C) Two y	rears back	(d) Three years b	ack (e) Four ye	ears back
1 a	Beginning of year balance		<u></u>						
b	Contributions								
С	Net investment earnings, gains,		}	1			}	}	
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities			j			}	1	
	and programs		<u> </u>						
f	Administrative expenses		i				! !		
g	End of year balance		1						
2	Provide the estimated percentage of the		end balance	(line 1a. co	olumn (a	a)) held as			
a	Board designated or quasi-endowment		%	(),	•	,,			
b	Permanent endowment	%	_						
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and	2c should equal	100%						
3 a	Are there endowment funds not in the	-		ion that ar	e held	and admii	nistered for the		
	organization by	,						Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							· ·	
h	If "Yes" on line 3a(ii), are the related of								
4	Describe in Part XIII the intended use	-						• • • • • • • • • • • • • • • • • • • •	
	tVI Land, Buildings, and Equipm Complete if the organization	nent.				ne 11a S	ee Form 990.	Part X. line	10.
	Description of property	(a) Cost or	other basis	(b) Cost or o	ther basis	(C) Ac	cumulated	(d) Book value	
			stment)	(othe	er)	depr	eciation		
1a	Land			 					
b	Buildings						16 151		
C	Leasehold improvements				1,916		16,164		5,752.
d	Equipment			80	8,785	2 4	18,371	38	7,414.
	Other					1			
Tota	I. Add lines 1a through 1e (Column (d)) must equal For	n 990, Part >	(, column (B), line	10c)	▶	43.	3,166.

Schedule D (Form 990) 2016

Page	3
rayo	•

_	(a) Description of security or category	(b) Book value	(c) Method of valuation)
· 	(including name of security)		Cost or end-of-year market	
	al derivatives	<u> </u>		<u>-</u>
	-held equity interests	ļ		
(3) Other_	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(A)		ļ	·	
(B)				
(C)		<u> </u>		
(D)				
(E)	· 			
(F)		<u> </u>		
(G)		<u> </u>		
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11c See Form 990, F	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
_(1)				
(2)		<u> </u>		
(3)				
_(4)		<u> </u>	<u></u>	
(5)				
(6)		<u> </u>		
(7)				
(8)		<u> </u>		
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	<u> </u>	
Part IX	O4h A 4 -			
t alt iv	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11d See Form 990, F	Part X, line 15
	Complete if the organization answere (a) D	d "Yes" on Form 990 escription	, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPO	Complete if the organization answere (a) D		, Part IV, line 11d See Form 990, F	(b) Book value
	Complete if the organization answere (a) D		, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPO	Complete if the organization answere (a) D		, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPO	Complete if the organization answere (a) D		, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPO (2) (3)	Complete if the organization answere (a) D		, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPO (2) (3) (4) (5)	Complete if the organization answere (a) D		, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPO (2) (3) (4)	Complete if the organization answere		, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPC (2) (3) (4) (5) (6) (7)	Complete if the organization answere		, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPC (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answere		, Part IV, line 11d See Form 990, F	(b) Book value
(1) DEPO (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere	escription		(b) Book value 191, 903
(1) DEPO (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere (a) D OSITS Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere	line 15)		(b) Book value 191, 903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co.	Complete if the organization answere (a) Do OSITS Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities.	line 15)		(b) Book value 191, 903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Complete if the organization answere (a) Description of liability	line 15)d		(b) Book value 191, 903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co.) Part X	Complete if the organization answere (a) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability	line 15)d		(b) Book value 191, 903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Complete if the organization answere (a) Description of liability	line 15)		(b) Book value 191, 903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Complete if the organization answere (a) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability	line 15)		(b) Book value 191, 903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Complete if the organization answere (a) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability	line 15)		(b) Book value 191, 903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Complete if the organization answere (a) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability	line 15)		(b) Book value 191, 903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) DEFF (3) (4) (5) (6)	Complete if the organization answere (a) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability	line 15)		(b) Book value 191,903
(1) DEPC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) DEFE (3) (4) (5) (6) (7)	Complete if the organization answere (a) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability	line 15)		(b) Book value 191,903
(1) DEPO (2) (3) (4) (5) (6) (7) (8) (9) Total. (Con Part X 1. (1) Fede (2) DEFF (3) (4) (5) (6) (7) (8)	Complete if the organization answere (a) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability	line 15)		(b) Book value 191, 903
(1) DEPO (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) DEFF (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere (a) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability	line 15)d "Yes" on Form 990 (b) Book values 355,		(b) Book value 191, 903

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Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

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Part XIII Supplemental Information (continued)

SCHEDULEI (Form 990)

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.

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Open to Public Inspection

Employer identification number 13-2581875

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

AMERICAN ADVERTISING FEDERATION, INC.

Department of the Treasury Internal Revenue Service Name of the organization

	[å	
Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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 noncash 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 NY, NY 10001	54-2122176	501(C)(6)	6,500.				CONTRIBUTION
(3) HOWARD UNIV. SCHOOL OF COMM							
2400 6TH ST. NW WASHINGTON, DC 20059	53-0204707	501(0)(3)	10,240.				CONTRIBUTION
(4) ITHACA COLLEGE							
953 DANBY RD ITHACA, NY 14850	15-0532204	501(C)(3)	6,000.				CONTRIBUTION
(5) TEMPLE UNIVERSITY							
1852 N. 10TH ST PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	6,000.				CONTRIBUTION
(6) ADCOLOR							
437 MADISON AVENUE NEW YORK, NY 10022	90-0656450	501(C)(6)	15,000.				CONTRIBUTION
(7) THE ADVERTISING COUNCIL							
815 SECOND AVENUE NEW YORK, NY 10017	13-0417693	501(C)(3)	23,000.				SPONSORSHIP
(8) ANNAPOLIS FILM FESTIVAL							
107 ANNAPOLIS ST ANNAPOLIS, MD 21401	36-4730103	501(C)(3)	15,000.	-			CONTRIBUTION
(9) TRIBECA FILM INSTITUTE				_			
32 AVENUE OF THE AMERICAS NY, NY 10013	80-0006057	501(C)(3)	20,000.				CONTRIBUTION
(10) UNIVERSITY OF SCRANTON							
800 LINDEN ST SCRANTON, PA 18510	24-0795495	501(C)(3)	6,000.				CONTRIBUTION
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government or	government o	rganizations list	rganizations listed in the line 1 table.	le		▲ : : : : : : : : : : : : : : : : : : :	8.
3 Enter total number of other organizations listed in the line	ted in the line		1 table			•	2.

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

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Schedule I (Form 990) (2016)

AMERICAN ADVERTISING FEDERATION, INC.

Page 2

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 Schedule I (Form 990) (2016)
Part III Grants and

(f) Description of non-cash assistance							onal
(e) Method of valuation (book, FMV, appraisal, other)							lumn (b), and any other addit
(d) Amount of non-cash assistance							ine 2, Part III, co
(c) Amount of cash grant							quired in Part I, I
(b) Number of recipients			!				information rec
(a) Type of grant or assistance							Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional
i	-	2	က	4	5	9	 Part IV

PART I, ITEM 2

THE ORGANIZATION PROVIDES GRANTS ONLY TO THOSE ORGANIZATIONS DEEMED

LEGITIMATE AND WHOSE PURPOSES FURTHER THE FIELD OF ADVERTISING.

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

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.			ì
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			}
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		:	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		· · · · ·	
_	explain	1b	Х	
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		1.7	
	1a?	2	Х	
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
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		$\frac{x}{x}$
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a	i	
b	Any related organization?	5b	L	
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		
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 nonfixed			[J
	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			
	ın Part III	8_		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Page 2

Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	l	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)(D)	in column (B) reported as deferred on pnor Form 990
JAMES E. DATRI	8	483,387.	245,200.	360.		13,172.	742,119.	
PRESIDENT & CEO	€	0	0	0				
CONSTANCE FRAZIER	€	249,044.	80,000.	1,032.		15,472.	345,548.	
2000	€	0	0.	0				
CLARK RECTOR	8	131,338.	0	1,032.		25,339.	157,709.	
3EVP, GOV'T RELATIONS	€	0	0	0				
LAUREL PENHALE	ε	147,778.	4,000.	1,584.		15,854.	169,216.	
4CFO	ε	0	0	0				
LISA RUBIN	8	162,882.	30,000.	360.		2,527.	195,769.	
5EVP, EVENTS/CORPORATE	€	0	0	0				
	ε							
9	€							
	8							
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	(i)							
14	(E)							
	8							
15	(E)							
	8							
16	(ii)							
							Sche	Schedule J (Form 990) 2016

JSA 6E12911000 6628LB C021

Schedule J (Form 990) 2016

Part III Supplemental Information

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

PART I, LINE 1A

ANNUAL MEMBERSHIP TO HEALTH CLUB

PAGE 41

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

2016
Open to Public Inspection

Name of the organization

Employer identification number

13-2581875

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

03003

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.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CIPRIANI 110 EAST 42ND ST. NEW YORK, NY 10005	EVENT SERVICES	377,403.
1101 VERMONT AVE. INVESTORS LLC 8391 OLD COURTHOUSE RD VIENNA, VA 22182	OFFICE SPACE	667,085.
ROOSEVELT HOTEL 130 ROOSEVELT WAY NEW ORLEANS, LA 70112	EVENT SERVICES	383,516.
SPECTRUM GROUP PRODUCTIONS 10319 WESTLAKE DRIVE BETHESDA, MD 20817	MEDIA PROD/CONSULTG	172,009.
OPEN WATER 1050 17TH STREET, NW WASHINGTON, DC 20036	TECH CONSULTING	139,820.

TOTALS

671,095.

03003