10m 990

## **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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For th	e 2017	calendar year, or tax year beginning 07/01, 2017, and	d ending		06/30	, <b>20</b> 18		
		·	C Name of organization		D Employer ider	tification n	umber		
В	Check if a	pplicable	AMERICAN ADVERTISING FEDERATION, INC.		13-258	1875			
Г	Addre		Doing business as						
	<b>-</b>	change	Number and street (or P O box if mail is not delivered to street address) Roo	m/suite	E Telephone nur	nber			
	Initial	iretum .	1101 VERMONT AVENUE, NW #500		(202) 898-0089				
		return/ nated	City or town, state or province, country, and ZIP or foreign postal code						
	Amer	nded	WASHINGTON, DC 20005		G Gross receipts	\$	6,004	,272.	
	Apple	cation	F Name and address of principal officer CONSTANCE FRAZIER, COO		H(a) Is this a grou		Yes	X No	
_	pendi	ing	1101 VERMONT AVE., NW #500 WASHINGTON, DC 200		subordinates? H(b) Are all subordi		Yes	No	
$\overline{}$	Tax-ex	empt sta		527	i ` '	ach a list (see			
ī			WWW.AAF.ORG	177	H(c) Group exemp	tion number			
			nization X Corporation Trust Association Other	1 Year of format	tion 1967 M s			NY	
	art l	_	mmary	2 rear or torma	1011 22 3 1111 6	rate of legi	ii donnene		
_			describe the organization's mission or most significant activities TO PROVI	DE LEADER	SHIP AND	CULTIV	ATE.		
<b>a</b> 1	1		MOTE AND DISSEMINATE KNOWLEDGE AND INFORMATION						
Governance	1		OLVING AND AFFECTING ADVERTISING						
Ĕ	١,			mare than 25%	of its not assets	<del> </del>			
Š	2				1	1		119.	
<b>8</b>	3		er of voting members of the governing body (Part VI, line 1a)			4		119.	
es	4		er of independent voting members of the governing body (Part VI, line 1b)		r			22.	
Vit	5		number of individuals employed in calendar year 2017 (Part V, line 2a)		ſ	5	1	,000.	
Activities	0		number of volunteers (estimate if necessary).			6		,566.	
•		lotali	unrelated business revenue from Part VIII, column (G)-line-12	<del></del>		7a		,751.	
	D	Net ur	nrelated business taxable income from Form 990-T, ine 34 RECEIVED		 Prior Year	7b	Current Y	·	
	۱ ـ			· 5					
ne	8	Contri	butions and grants (Part VIII, line 1h)	· · · · }	2,857,55		2,671		
Revenue	9			1 2 2	3,375,82		3,331		
æ		Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d).	:	1,88	_	-6	<u>,475.</u>	
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e) DEN, UI			0.	F 00C	0.	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,235,26		5,996		
SANSSENSES IN SECTION OF THE PROPERTY OF THE P	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		127,99		60	<u>,500.</u>	
2	14		its paid to or for members (Part IX, column (A), line 4)			0.		<u> </u>	
<b>≨</b> 8	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,952,80	_	2,650		
	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0.		<u> </u>	
₽Ř	b	Total f	fundraising expenses (Part IX, column (D), line 25) ▶						
=======================================	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,319,70		3,721		
<b>-</b>	18	Total e	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		6,400,49	5.	6,432		
_	19	Reven	ue less expenses Subtract line 18 from line 12		-165,23	4.	-435	,980.	
ances				Begin	ning of Current Y		End of Yea	ar	
35	20	Total a	assets (Part X, line 16)		2,388,56	2.	1,819	<u>,498.</u>	
AB	21	Total I	iabilities (Part X, line 26)		1,603,88	4.	1,619	,299.	
<u> 원</u> 툿	22	Net as	sets or fund balances Subtract line 21 from line 20,		784,67	8.	200	<u>,199.</u>	
	irt II	Sig	gnature Block						
			f porjury, I declare that I have examined this return, including accompanying schodules a			my knowle	d bne egb	elief, it is	
truc	o, corre	ect, and	complete Declaration of proparer (other than officer) is based on all information of which pr	reparer has any ki	nowleage.	1			
٠.			Monstone L. Myrier COO		15	5/19			
Sig			Signature of officer		Date	_, ,			
He	re	١.	/Constance C. trazier 600						
		<b>P</b> :	Type or print name and title						
		Print/	Type preparer's name Preparer's signature	Date	Check	ıf PTIN			
Paid		MICH	HAEL J DEVLIN, CPA	5/14/19	self-employe	d PO	024553	32	
	parer	Firm's	CARETNO AND DUCADED IID		Firm's EIN ▶ 5	2-0961	657		
use	Only		address ▶11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 20852-27	94		01-770			
Ma	y the		scuss this return with the preparer shown above? (see instructions)			X	Yes	No	
_			Reduction Act Notice, see the separate instructions.				Form <b>99</b> (		
								- 1/	

Foi	orm.990 (2017)	Page 2
Р	Part III Statement of Program Service Accomplishments	
•	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	AMERICAN ADVERTISING FEDERATION, INC WAS ESTABLISHED TO PROVIDE	
	LEADERSHIP AND CULTIVATE, PROMOTE, AND DISSEMINATE KNOWLEDGE AND	
	INFORMATION ON ISSUES INVOLVING AND AFFECTING ADVERTISING.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	prior Form 990 or 990-EZ?	140
2	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others,
	the total expenses, and revenue, if any, for each program service reported	
_		_
4a	a (Code) (Expenses \$including grants of \$) (Revenue \$	)
	NATIONAL CONFERENCE-AAF'S NATIONAL CONFERENCE, ADMERICA, BROUGHT	•
	TOGETHER REPRESENTATIVES FROM ALL ASPECTS OF THE ADVERTISING	
	INDUSTRY-ADVERTISING AGENCIES, CLIENTS, MEDIA COMPANIES, SUPPLIERS	
	AND COLLEGE STUDENTS. VARIOUS WORKSHOPS WERE OFFERED ON A WIDE	
	RANGE OF ISSUES FACING THE ADVERTISING COMMUNITY SUCH AS	
	COMMUNICATING THROUGH SOCIAL MEDIA, DIVERSITY ISSUES AND INNOVATION IN BUSINESS SOLUTIONS.	
	INNOVATION IN BUSINESS SUBUTIONS.	
	<del></del>	· · · · · · · · · · · · · · · · · · ·
4b	b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	AHOF-AAF'S ADVERTISING HALL OF FAME RECOGNIZED THE LEADERSHIP OF	
	EXTRAORDINARY MEN AND WOMEN WHO HAVE MADE SIGNIFICANT	
	CONTRIBUTIONS TO SOCIETY AND ADVERTISING AND HELPED TO RAISE THE	
	STANDARDS AND LEVEL OF PROFESSIONALISM IN THE INDUSTRY WHILE	
	INSPIRING AND MENTORING FUTURE GENERATIONS.	
4c	c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	AMERICAN ADVERTISING AWARDS-AAF'S AMERICAN ADVERTISING AWARDS	<b>_</b> ′
	PROGRAM RECOGNIZED THE CREATIVE EXCELLENCE IN ALL FORMS OF	
	ADVERTISING BY ALL SIZES OF COMPANIES AND BY ALL TYPES OF	
	ENTRANTS.	
	100 Charles Other Colored	
4d	d Other program services (Describe in Schedule O)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	e Total program service expenses ▶	

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Part IV **Checklist of Required Schedules** Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 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) 4 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 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 Х 6 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 . . . . . . . . . . Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 10 Х 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . . 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 11a 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.......... 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х 11e e Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D, Part X...... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?......... 14a 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 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . . . . . . . . . . . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х 17 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? X 

Part	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
zua 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		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	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			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Χ
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?			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	ŀ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~	Schedule L, Part IV.	28b		Х
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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
• •	Part I	31		X
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
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
55	19° <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
			990	

Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ĺ
	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			•
	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_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		v	
	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		<u> </u>
	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	7.		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		ł
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
		0.0		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990 Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			ĺ
	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 )			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b		14b		
JSA 7E104	0 1 000	Form		(2017
	6628LB C021 V 17-7.10 03003		P	AGE

Part VI

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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management			<b>V</b>	-
		110		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1a 119			
	committee, explain in Schedule O	1b 119			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 115	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relative any other officer, director, trustee, or key employee?	•	2		x
3	Did the organization delegate control over management duties customarily performed by or ur		,		x
	supervision of officers, directors, or trustees, or key employees to a management company or other		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 a		5	Х	
6	Did the organization have members or stockholders?		6	^	
7a	Did the organization have members, stockholders, or other persons who had the power to el		7a	х	
_	one or more members of the governing body?		7.0		
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following		8a	Х	
a	The governing body?		8b	X	-
b	Each committee with authority to act on behalf of the governing body?		80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule $O\ldots$ .		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code		·
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat could give			
	rise to conflicts?		12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the pro-	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c		<u> </u>
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 an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a					v
	with a taxable entity during the year?		16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to		466		
C 4	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. X Upon request. Other (explain in Sch.)		501(	c)(3)s	only)
40		•		!-	
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, cominct of int	erest	policy	, and
20	financial statements available to the public during the tax year.  State the name, address, and talenham number of the person who persons the organization's h	nocks and race-d	c <b>k</b>		
20	State the name, address, and telephone number of the person who possesses the organization's by The organization 1101 Vermont ave., NW #500 WASHINGTON, DC 20005 202-898-0089				
JSA 7E1042	1 000		Form	990	(2017)

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

Х

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)				C) sition			(D)	(E)	(F)
Name and Title	Average	(do not che				e than c	one	Reportable	Reportable	Estimated
Name and Ma	hours per	box,	unles	ss pe	erson	ıs both	an	compensation	compensation from	amount of
	week (list any	office	er and	dad	lirect	or/trust	tee)	from	related	other
	hours for related organizations below dotted line)	1 14 15	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									
CHAIRMAN	0.	X		Х				0.	0.	0.
(2)AMANDA RICHMAN	1.50									
VICE CHAIRMAN	0.	х		Х				0.	0.	0.
(3)DAVID MESSINGER	1.50									
IMMEDIATE PAST CHAIRMAN	0.	Х		Х				0.	0.	0.
(4)ANDY NARRAI	1.50		П							
TREASURER	0.	Х		Х				0.	0.	0.
(5)JACKI KELLEY	1.50									
ASST. TREASURER	0.	Х		Х				0.	0.	0.
(6)TIFFANY WARREN	1.50									
SECRETARY	0.	Х		Х				0.	0.	0.
(7)DARYL EVANS	1.50									
ASST. SECRETARY	0.	Х		Х				0.	0.	0
(8)SEE COMPLETE LIST ATTACHED	0.									
BOARD MEMBERS	0.	Х						0.	0.	0
(9)JAMES E. DATRI	60.00									
PRESIDENT & CEO	0.			X	<u></u>			702,124.	0.	8,017
(10)LAUREL PENHALE	35.00									
CFO	0.	L		X				144,160.	0.	5,332
(11)CONSTANCE FRAZIER	45.00									
C00	0.				Х			329,282.	0.	18,377
(12)CLARK RECTOR	35.00									
EVP, GOV'T RELATIONS	0.					Х		129,772.	0.	26,284
(13)LISA RUBIN	35.00									
EVP, EVENTS/CORPORATE	0.					Х		183,196.	0.	659
(14)LAUREN GRADOWSKI	35.00		$  \  $							
VP, EVENTS/CORPORATE	0.		L_			Х		111,428.	0.	8,686.

Form 990 (2017)										<del></del>	Page <b>o</b>
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo			and F	lig		ed Employ	ees (d	
` (A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average				sition	- 41		Reportable	Reportat		Estimated
	hours per week (list any	,				e than o is both		compensation from	compensatio related		amount of other
	hours for	office		dad	tirect	or/trust	ee)	the	organizati		compensation
	related	우ᅙ	l ns	읓	<u>@</u>	en H	Former	organization	(W-2/1099-I		from the
	organizations	la vid	Ē	Officer	Key employee	hes ploy	mer	(W-2/1099-MISC)		·	organization and related
	below dotted line)	[ 달 =	02		흥	8 6		1			organizations
		Individual trustee or director	Institutional trustee		èe	Highest compensated employee					ŭ
		e	ste			nsa					
			"			e e			İ		
		1	l l								
		1									
		1	l								
			H		$\vdash$					_	
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											_
								1			
1b Sub-total							$\blacktriangleright$	1,599,962.		0.	67,355.
c Total from continuation sheets to Part VII, S	ection A .						$\blacktriangleright$	0.		0.	0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,599,962.		0.	67,355.
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	re	eceived more than	\$100,000 o	f	
reportable compensation from the organization			5								
								<del></del>			Yes No
3 Did the organization list any former offic	er. directo	r. or	tru	ıste	e.	kev e	emp	lovee, or highes	t compensa	ated	
employee on line 1a? If "Yes," complete Schedu											3 X
4 For any individual listed on line 1a, is the sorganization and related organizations gre	sum on rep sater than	1011au 415	เกก	ስበኃ የነበር	per	15aliui ''''Vac	ı aı	complete Schedu	la I for s	uch	
Individual											4 X
5 Did any person listed on line 1a receive or			catu	 on 1	ron	anv		related organization	on or individ	iual	
for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors	30, 00mp10		<i>1044</i>		,,,,,	000.1	<del>, , , , , , , , , , , , , , , , , , , </del>			• •	
Complete this table for your five highest com	nensated u	ndene	ande	nt (	con	tracto	re t	hat received more	than \$100	000 0	ıf.
compensation from the organization Report c											
year	от ротови					.u. , u.		g c	592		
		•					Т				(C)
<b>(A)</b> Name and business add	Iress							(B) Description of se	rvices	_	(C) Compensation
							+-	2000 iption of se			
ATTACHMENT 1							+				
							+		-		<del></del>
							+	-			<del></del>
							╄				

Form **990** (2017)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

Par	t VII	Statement of Revenue Check if Schedule O contains a respor	and or note to an	who in this Bort VI			
		Check if Schedule O contains a respon	ise or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b	Federated campaigns					
s, Gifts, milar Ar	d	Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	e f	All other contributions, gifts, grants, and similar amounts not included above . 1f	2,671,435.				
	g h	Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	45,000.	2,671,435.			
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code 611710	1,762,005.	1,762,005.		
ě.	b	CONFERENCE REGISTRATIONS	611710	1,297,543.	1,297,543.		
Ž	c	FULFILLMENT AND ADVERTISING	541800	218,906.	84,936.	133,970.	<del> </del>
n Se	d	OTHER PROGRAMS & AFFINITY	541800	53,503.	29,907.	23,596.	
graı	e	All other programmer and an arrival					
o c	f g	All other program service revenue Total. Add lines 2a-2f		3,331,957.		-	<u> </u>
	3	Investment income (including dividen					
		and other similar amounts)	▶	880			088
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
		(ı) Real	(II) Personal				
	6a	Gross rents					}
	ь	Less rental expenses					ł
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Secunties	(II) Other				
		assets other than inventory					
	b	Less cost or other basis	7,355.				
		and sales expenses	-7,355.				
	Ι.	Gain or (loss)	-	-7,355.			
	a	Net gain or (loss)		7,5551		<del></del>	
nce	8a	Gross income from fundraising					
ver		events (not including \$					
R		of contributions reported on line 1c)		·			
Other Revenue	[	See Part IV, line 18 a  Less direct expenses b					
Ò	b b	Less direct expenses b  Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b  Net income or (loss) from gaming activities.	L	0.			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b  Net income or (loss) from sales of inventory		0.	-		
	Ť	Miscellaneous Revenue	Business Code				
	11a			-	-		<u> </u>
	b						
	ء ا						
	ď	All other revenue					
	ءً	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		5,996,917.	3,174,391.	157,566.	880

V 17-7.10

PAGE 9

Past IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp	onse 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	60,500.			<u></u>
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				
	individuals See Part IV, lines 15 and 16	. 0.			
4	Benefits paid to or for members	0.			<u>-</u>
5	Compensation of current officers, directors,	701 777			
	trustees, and key employees	781,777.			
6	·				
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)	1,570,462.			
7	Other salaries and wages	1,570,462.	<del></del>		••
8		24,110.			
	section 401(k) and 403(b) employer contributions)	154,491.			
9	' '	119,916.		•	
10	, and the second	119,910.			
	Fees for services (non-employees)	0.		[	
	a Management	71,289.			·
	b Legal	292,924.		-	
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.  If Investment management fees	0.			
	i de la companya de				
٤	Other (If line 11g amount exceeds 10% of line 25, column	299,432.			
12	(A) amount, list line 11g expenses on Schedule O)	223,299.			· · · · · · · · · · · · · · · · · · ·
	Office expenses	6,469.			
	Information technology	718,272.			
	Royaltres	0.			
	Occupancy	610,763.			
	Travel	326,010.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	843,805.			
20	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization [	112,025.			
23	Insurance	33,195.			
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				ı
	(A) amount, list line 24e expenses on Schedule O)				<u></u>
ŧ	COALITIONS AND COUNCILS	40,000.			
_	PRINTING AND PUBLICATIONS	52,167.			
	SERVICE CHARGES AND FEES	30,657.			
c	POSTAGE AND DELIVERY	36,430.			
6	All other expenses	24,904.			
	Total functional expenses. Add lines 1 through 24e	6,432,897.			<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here	_			
	following SOP 98-2 (ASC 958-720)	0.		1	

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# Balance Sheet Part X

		Check if Schedule O contains a response of	or note	e to any line in this Pa	art X		<u>X</u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			880,307.	<u> </u>	226,273.
	2	Savings and temporary cash investments			138,317.	2	38,251.
	3	Pledges and grants receivable, net			0.		0.
	4	Accounts receivable, net			385,404.	4	879,152.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co		· · ·	_		-
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu	intary (	employees' beneficiary	0	_	- 0
Ś		organizations (see instructions) Complete Part II of Sche			0.	<b>├</b>	0.
Assets	7	Notes and loans receivable, net			130 400		86,249.
As	8	Inventories for sale or use			139,490. 148,976.		62,209.
	9	Prepaid expenses and deferred charges	· · ·	<u>.</u>	140,9/0.	9	62,209.
	10 a	Land, buildings, and equipment cost or	40-	731,039.			
	.	other basis. Complete Part VI of Schedule D			433,166.	40-	372,364.
		Less accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	433,100.		0.
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11			70,999.		0.
	13	Investments - other securities, see Part IV, line 11 Investments - program-related See Part IV, line 11		0.	-	0.	
	14	Intangible assets		0.	<u> </u>	0.	
	15	Other assets See Part IV, line 11	• • • • • • • • • • •	191,903.		155,000.	
	16	Total assets. Add lines 1 through 15 (must equal			2,388,562.		1,819,498.
_	17	Accounts payable and accrued expenses			577,569.		799,833.
	18	Grants payable	0.	18	0.		
	19	Deferred revenue	671,095.	19	528,399.		
	20	Tax-exempt bond liabilities		0.	20	0.	
	21	Escrow or custodial account liability Complete Pa	0.	21	0.		
Š	22	Loans and other payables to current and for	ormer	officers, directors,			
Liabilities		trustees, key employees, highest compen		· -			_
iab		disqualified persons Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate			0.		0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			355,220.		291,067.
		of Schedule D			1,603,884.		1,619,299.
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958),			1,003,004.	26	1,019,299.
ses		complete lines 27 through 29, and lines 33 and	34.	there in and			
<u>a</u>	27	Unrestricted net assets			784,678.	27	200,199.
Ba	28	Temporarily restricted net assets			0.	28	0.
밀	29	Permanently restricted net assets			0.	29	0.
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
ţ	30	Capital stock or trust principal, or current funds .		30			
SSe	31	Paid-in or capital surplus, or land, building, or equ	ııpmer	nt fund		31	
Ă	32	Retained earnings, endowment, accumulated incomment	ome, o	or other funds		32	
Net	33	Total net assets or fund balances	[	784,678.		200,199.	
	34	Total liabilities and net assets/fund balances	<u></u>	<u> </u>	2,388,562.	34	1,819,498.
							Form <b>990</b> (2017)

Form 99	90 (2017)				Pa	ge <b>12</b>
Part						
<del></del>	Check if Schedule O contains a response or note to any line in this Part XI					<u>   </u> 917.
1	Total revenue (must equal Part VIII, column (A), line 12)	1				897.
2	Total expenses (must equal Part IX, column (A), line 25)	2				980.
3	Revenue less expenses Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				678.
5	Net unrealized gains (losses) on investments	5		-1	48,	499.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2	00,	199.
Part				-		
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	וו וח			
	Schedule O.	,				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-					
	reviewed on a separate basis, consolidated basis, or both	·p.ioc	. 0.			İ
	Separate basis Consolidated basis Both consolidated and separate basis					
				2b	_ X _	
<b>-</b> -b	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea o	n 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 or		-	_	v	
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaıı	n in			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	חור			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

#### 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
2017

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) org				
	e of organization			Employer ide	ntification number
	RICAN ADVERTISING F	EDERATION, INC.		13-258	1875
		organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	• • • • • • • • • • • • • • • • • • • •	organization's direct and indirect			
•	definition of "political campa	•	political campaign at	CHAIRES III LAIL IA (SEC II	1311 40110113 101
2	·	xpenditures (see instructions)		<b>▶</b> ¢	
3		campaign activities (see instruction programization is exempt under			
	<u> </u>	cise tax incurred by the organization		- L A	
١	-	use tax incurred by the organization ri			
2	•	a section 4955 tax, did it tile Form	-		
3	_		•		
					Yes No
	If "Yes," describe in Part IV	organization is exempt under	spection 501(c) as	cont section 501/c)/3	<u>, , , , , , , , , , , , , , , , , , , </u>
	<del></del>	_ <del>-</del>		<del></del>	·y·
1	•	expended by the filing organization			
				· · · · · · · · · · · · · · · · · · ·	
2		ng organization's funds contribute			
		es			
3	•	enditures Add lines 1 and 2 E			
_					<u> </u>
4	Did the filing organization file	e Form 1120-POL for this year? and employer identification num	har (EIN) of all coats	p. 527 political organiz	Yes No
5		s For each organization listed, e			
		inbutions received that were pror			
		nd or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) / (ddress	(0) 2	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)					
(2)					
	**** **********************************	***************************************	, p		
(3)					
(4)					
(5)			_		
(6)					

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

Schedule C (Form 990 or 990-EZ) 2017

Sch				RTISING FEDER			2581875 Page <b>2</b>
Pa	Section 501(h)).					· · · · · · · · · · · · · · · · · · ·	
Α	address, EIN, expe	enses, a	ind share of	excess lobbying exp	enditures)	ach affiliated group men	nber's name,
В	Check ▶ if the filing organiza	ation ch	ecked box /	A and "limited contro	ol" provisions app	oly	
	Limits o (The term "expenditu		ying Expendence		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to in	fluence	public opin	on (grass roots lob	bying)		
t	Total lobbying expenditures to in	fluence	a legislative	e body (direct lobby	ıng) [		
c	Total lobbying expenditures (add	lines 1	a and 1b).				
c	Other exempt purpose expenditu	res			[		
e	Total exempt purpose expenditu	res (ado	d lines 1c ar	nd 1d)	[		
f	Lobbying nontaxable amount. E	Enter th	e amount	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbyir	ng 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 pl	lus 15% of the excess	over \$500,000		•
	Over \$1,000,000 but not over \$1,50	0,000	\$175,000 pl	lus 10% of the excess	over \$1,000,000		ı
	Over \$1,500,000 but not over \$17,0	00,000	\$225,000 pl	lus 5% of the excess	over \$1,500,000		
	Over \$17,000,000		\$1,000,000				
ç	Grassroots nontaxable amount (	enter 25	% of line 1f	)			
H	n Subtract line 1g from line 1a. If z	ero or le	ess, enter -0				
i	Subtract line 1f from line 1c If ze						
j	If there is an amount other tha	n zero	on either I	ine 1h or line 1i,	dıd the organıza	tion file Form 4720	
	reporting section 4911 tax for th						Yes - No
				raging Period Unde			
	(Some organizations that					•	nns below.
		See	the separa	te instructions for	lines 2a through	<b>2f.)</b>	
		Lobb	ying Exper	nditures During 4-Y	ear Averaging Pe	riod	<u> </u>
	Calendar year (or fiscal year beginning in)	(a)	2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount						
t	Lobbying ceiling amount (150% of line 2a, column (e))						
_ c	: Total lobbying expenditures						
_ c	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))			•			

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2017					Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	3		
Eo.	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)		
	cription of the lobbying activity	Yes	No		Amoun	t	
a b c d e f g h i	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 Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?						
j 2a	Total Add lines 1c through 1:						
c d	If "Yes," enter the amount of any tax incurred under section 4912						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	I(c)(5)	, or s	ection			
1 2 3 Pa	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures for till-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."	 om the I(c)(5)	prior , or s	year?	<u> </u>	is	X
1	Dues, assessments and similar amounts from members			1	1,7	62,	005
2 a	Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).  Current year	unts		2a	•		053
b	Carryover from last year			2b		F 1	491
С	Total			2c			544 578
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible	n of th obbyir	ne ng	4		<u> </u>	376
5	and political expenditure next year?		: : :	5	-	67,	034
Pa Prov	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 (affiliate enstructions), and Part II-B, line 1. Also, complete this part for any additional information.			), Part II	-A, line	s 1	and

6628LB C021

Schedule C (Form 990 or 990-EZ) 2017

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AME	ERICAN 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	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	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)	
		of a historically important land area
		of a certified historic structure
2	Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a concentation
2	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 7/25/06, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate of the conservation easements modified transferred, released, extinguished, or terminate of the conservation easements modified transferred, released, extinguished, or terminate of the conservation easements modified transferred, released, extinguished, or terminate of the conservation easements modified transferred, released, extinguished, or terminate of the conservation easements modified transferred  ated 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, inspecti	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing constitutions	servation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes L No
9	in Part XIII, describe now the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements	ai statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under SEAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the footnote to its financial statements.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re- works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items	cation, or research in fartherance of
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
ror F	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Loan or exchange programs а Scholarly research h Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not If "Yes," explain the arrangement in Part XIII and complete the following table 1c 1d Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII **Endowment Funds.** Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance . . . . Contributions . . . . . . . . . . . . . Net investment earnings, gains, and losses . . . . . . . . . . . . . d Grants or scholarships . . . . . e Other expenditures for facilities and programs . . . . . . . . . . . . f Administrative expenses . . . . . **q** End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?........ Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (d) Book value (b) Cost or other basis (c) Accumulated depreciation (investment) **b** Buildings . . . . . . . Leasehold improvements..... 128,882 209,219. 80,337. 292,027. 521,820. 229,793 d Equipment ...... 372,364. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2017

(a) Des	cription of security or category	(b) Book value	(c) Method of valuation	
	ncluding name of security)		Cost or end-of-year market	value
•	ratives	r I		
•	quity interests	•		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			· · · · · · · · · · · · · · · · · · ·	-
(G) (H)				
_ ` '	at equal Form 990, Part X, col (B) line 12)		-	
	stments - Program Related.		· <del></del> ·	<u>-</u>
	plete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, F	Part X, line 13.
(a)	Description of investment	(b) Book value	(c) Method of valuation	n
			Cost or end-of-year market	value
(1)				
(2)				
(3)	<del></del>			
(4)				
(5)				
(6) (7)			<del> </del>	
(8)				
(9)				
otal. (Column (b) mus	st equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Othe	plote if the organization answer	ed "Ves" on Form 990 Pa	art IV line 11d See Form 990 F	Part Y line 15
Com	plete if the organization answer (a)	ed "Yes" on Form 990, Pa Description	art IV, line 11d. See Form 990, F	(b) Book value
Com	<u> </u>		art IV, line 11d. See Form 990, F	(b) Book value
Com	<u> </u>		art IV, line 11d. See Form 990, F	(b) Book value
Com (1) DEPOSITS (2)	<u> </u>		art IV, line 11d. See Form 990, F	(b) Book value
(1) DEPOSITS (2) (3) (4) (5)	<u> </u>		art IV, line 11d. See Form 990, F	(b) Book value
(1) DEPOSITS (2) (3) (4) (5) (6)	<u> </u>		art IV, line 11d. See Form 990, F	(b) Book value
(1) DEPOSITS (2) (3) (4) (5) (6) (7)	<u> </u>		art IV, line 11d. See Form 990, F	(b) Book value
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8)	<u> </u>		art IV, line 11d. See Form 990, F	(b) Book value
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9)	(a)	Description		(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer	Description  3) line 15)		(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer	Description  3) line 15)		(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Compliane 2  (1) Federal inco	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	B) line 15)ed "Yes" on Form 990, Pa		(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Compliance 2	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	B) line 15)ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Compline 2 (1) Federal inco (2) DEFERRED (3)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	B) line 15)ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Compline 2  (1) Federal inco (2) DEFERRED (3) (4)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	B) line 15)ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Com line 2  (1) Federal inco (2) DEFERRED (3) (4) (5)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	B) line 15)ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) Compline 2  (1) Federal Inco (2) DEFERRED (3) (4) (5) (6)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	B) line 15)ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Com line: (1) Federal inco (2) DEFERRED (3) (4) (5) (6) (7)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	B) line 15)ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) Compline 2 (1) Federal Inco (2) DEFERRED (3) (4) (5) (6) (7) (8)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	B) line 15)ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Compline 2  (1) Federal inco (2) DEFERRED (3) (4) (5) (6) (7) (8) (9)	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer (a) Description of liability me taxes RENT	B) line 15)	art IV, line 11e or 11f. See Form	(b) Book value 155,000
(1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Compline 2  (1) Federal inco (2) DEFERRED (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) months are also as a second are a second are	must equal Form 990, Part X, col. (Er Liabilities. plete if the organization answer 25  (a) Description of liability me taxes	Description  B) line 15)  Ted "Yes" on Form 990, Pa  (b) Book value  291, 067	art IV, line 11e or 11f. See Form	155,000 155,000

Schedule D (Form 990) 2017

Dana	4
rage	•

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,848,418
2	Amounts included on line 1 but not on Form 990. Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	-148,499.
3	Subtract line 2e from line 1	3	5,996,917
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
-	Add lines 4a and 4b	4c	F 006 017
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,996,917.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	6,432,897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
C	Add lines 2a through 2d	2e	6,432,897.
3	Subtract line 2e from line 1	3	0,432,097
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Besche III at All )	40	
	Add lines 4a and 4b	4c	6,432,897.
5 Part	XIII Supplemental Information.		0, 100, 000
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn		
_			
			<del></del> -
JSA	<del></del>	Sche	dule D (Form 990) 2017

Part XIII Supplemental Information (continued)

6628LB C021

SCHEDULE

(Form 990)

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

OMB No 1545-0047	2017
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Open to Public

Employer identification number

13-2581875

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	COVERNIE IN STREET STREET STREET STREET
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Consider to the Treasury	► Attach to Form 990.
Internal Revenue Service	▶ Go to www.irs.gov/Form990 for the latest information.
Name of the organization	
AMERICAN ADVERTI	AMERICAN ADVERTISING FEDERATION, INC.
Part   General Infe	Part   General Information on Grants and Assistance
1 Does the organizat	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the control of the grants or assistance, the grantees' eligibility for the control of the grants or assistance, the grantees' eligibility for the control of the grants or assistance, the grants or assistance of the grants or assistance or
the entertainment	Consideration of the contract

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form X Yes grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

CONTRIBUTION CONTRIBUTION	1 (a) Name and address of organization or government	( <b>b</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
11.500   20.0000   20.000   20.000   20.000   20.000   20.000   20.000   20.0000   20.000   20.000   20.000   20.000   20.000   20.000   20.0000   20.000   20.000   20.00000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.00000   20.00000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.00000   20.00000   20.0000   20.0000   20.00000   20.00000   20.00000   20.00000   20.00	(1) ADVERTISING WEEK							
### APPLICABLE NEW YORK, NY 10017   13-4111956   501(C) (5)   10,000.   10,0	875 AVE. OF AMERICAS #2400	54-2122176		11,500				CONTRIBUTION
137 MADISON NURBUE NEW YORK, NY 10022   99-0656450   501(C) (3)   25,000.	(2) ADCOLOR							
335 LEXTINGTON AND #15 NEW YORK, NY 10017   13-4111956   501(C) (3)   25,000.   CONTRIBUTION	437 MADISON AVENUE NEW YORK, NY 10022	90-0656450		10,000.				CONTRIBUTION
13-4111956   501(C) (3)   25,000   CONTRIBUTION   Solicition   Solic	(3) NEW YORK WOMEN IN COMMUNICATIONS							
Filter total number of section 501(c)(3) and government organizations listed in the line 1 table.	355 LEXINGTON AVE #15 NEW YORK, NY 10017	13-4111956		25,000.				CONTRIBUTION
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	(4)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.					,			
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	(5)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	(9)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	(7)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.		<u> </u>						
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	(8)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.							į	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(6)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	(10)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(11)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							į	
Enter total number of other organizations listed in the line 1 table		l government o	rganizations lis	ted in the line 1 tak	Je		<b>▲</b> :: ::	-
		sted in the line	1 table					2.

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

Schedule I (Form 990) (2017)

Schedule | (Form 990) (2017)

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. Part III

(a) Type o	(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
						-
					:	
<b>Suppleme</b> information	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ither additional

THE ORGANIZATION PROVIDES GRANTS ONLY TO THOSE ORGANIZATIONS DEEMED

PART I, ITEM 2

LEGITIMATE AND WHOSE PURPOSES FURTHER THE FIELD OF ADVERTISING.

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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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ADVERTISING FEDERATION, INC.

**Employer identification number** 13-2581875

Part	Questions Regarding Compensation		· · · ·	<del></del>
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	`:: <sub>-</sub>	, <u></u>	.=.
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			1 1
	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)			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	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			1
	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	4-		
a	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	40 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		<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			
·	compensation contingent on the revenues of			
	The organization?	5a	<del></del>	
a		5b		$\vdash$
b	Any related organization?	30		<del>-</del>
•	If "Yes" on line 5a or 5b, describe in Part III			1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			1
	compensation contingent on the net earnings of			<b>-</b>
а	The organization?	6a		-
b	Any related organization?	6b		<b>-</b>
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			ĺ
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			ĺ
	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) 2017

Schedule J (Form 990) 2017

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

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

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		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	cther deferred compensation	benefits	(B)(ı)-(D)	ın column (B) reported as deferred on pnor Form 990
JAMES E. DATRI	Θ	536,963.	165,000.	161.		8,017.	710,141.	
1PRESIDENT & CEO	Ξ	0	0	0				
CONSTANCE FRAZIER	€	267,452.	61,500.	330.		18,377.	347,659.	
<b>2</b> COO	€		0	0				
CLARK RECTOR	Ξ	128,122.	1,500.	150.		26,284.	156,056.	
3EVP, GOV'T RELATIONS	€	0	0	0				
	ε	168,128.	15,000.	. 89		659	183,855.	
4EVP, EVENTS/CORPORATE	€	0	0	0				
	Θ							
<b>ن</b>	€							
	(i)							
9	€						:	
	(j)							
7	(E)							
	()							
8	(ii)							
	(9)						,	
6	(ii)							
	Θ							
10	(ii)							
	(1)							
11	(ii)							
	Ξ							
12	(ii)							
	ε							
13	Ξ							
	Ξ							
14	(ii)							
	(i)							
15	<u>(ii)</u>							
	Ξ							
16	(ii)							
							Sche	Schedule J (Form 990) 2017

JSA

761291 1 000 6628LB C021

Schedule J (Form 990) 2017

Part | Supplemental Information

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

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#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Inspection Employer identification number

AME	RICAN ADVERTISING FEDERA	TION, IN	1C		13-2581875			
Par	Types of Property							
•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method o			ınts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock	X	1.	45,000	. FMV			
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions fo				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
						\Y(	es	<u>No</u>
30a	During the year, did the organization	on receive	by contribution any proper	rty reported in Part I, lii	nes 1 through			
	28, that it must hold for at least th							
	to be used for exempt purposes for	the entire h	olding period?			30a		<u> </u>
b	If "Yes," describe the arrangement in	n Part II						
31	Does the organization have a	gift accept	tance policy that require	s the review of any	nonstandard			
	contributions?					31	$\perp$	<u> </u>
32a	Does the organization hire or use							
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II							
33	If the organization didn't report an a describe in Part II	amount in c	column (c) for a type of pro	perty for which column	(a) is checked,			

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017)

Page 2

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

Schedule M (Form 990) (2017)

#### 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.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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
CIPRIANI 110 EAST 42ND ST. NEW YORK, NY 10005	EVENT SERVICES	219,024.
1101 VERMONT AVE. INVESTORS LLC 8391 OLD COURTHOUSE RD VIENNA, VA 22182	OFFICE SPACE	615,742.
ROOSEVELT HOTEL 130 ROOSEVELT WAY NEW ORLEANS, LA 70112	EVENT SERVICES	368,045.
SPECTRUM GROUP PRODUCTIONS 10319 WESTLAKE DRIVE BETHESDA, MD 20817	MEDIA PROD/CONSULTG	191,730.
OPEN WATER 1050 17TH STREET, NW WASHINGTON, DC 20036	TECH CONSULTING	126,375.

	Schedule O	(Form 990	or 990-EZ) 2017
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Name of the organization
AMERICAN ADVERTISING FEDERATION, INC.

Employer identification number
13-2581875
ATTACHMENT 2

FORM 990, PART X - DEFERRED REVENUE

ENDING

DESCRIPTION

BOOK VALUE

DEFERRED DUES

528,399.

DEFERRED SPONSORSHIPS & OTHER

TOTALS

528,399.