

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ASSOCIATION OF NATIONAL ADVERTISERS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
708 THIRD AVENUE

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10017

D Employer identification number
13-0453230

E Telephone number
(212) 697-5950

G Gross receipts \$ 45,020,472

F Name and address of principal officer
ROBERT LIODICE
708 THIRD AVENUE
NEW YORK, NY 10017

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ HTTP //WWW ANA NET

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1910

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ASSOCIATION OF NATIONAL ADVERTISERS, INC (ANA) WAS ORGANIZED TO SERVE THE INTERESTS OF CORPORATIONS THAT ADVERTISE AND MARKET REGIONALLY OR NATIONALLY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	40
4 Number of independent voting members of the governing body (Part VI, line 1b)	39
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	134
6 Total number of volunteers (estimate if necessary)	53
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	37,449,610	39,249,561
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,456	481,763
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	741,213	859,798
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,365,279	40,591,122

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	58,000	22,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,328,183	17,054,174
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,340,651	22,004,666
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	38,726,834	39,080,840
19 Revenue less expenses Subtract line 18 from line 12	-361,555	1,510,282

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20,146,644	22,713,945
21 Total liabilities (Part X, line 26)	15,607,978	15,732,914
22 Net assets or fund balances Subtract line 21 from line 20	4,538,666	6,981,031

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2018-11-15
CHRISTINE MANNA PRESIDENT & COO & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: GARRETT M HIGGINS
Preparer's signature: GARRETT M HIGGINS
Date: 2018-11-15
Check if self-employed
PTIN: P00543209
Firm's name: PKF O'CONNOR DAVIES LLP
Firm's EIN: 27-1728945
Firm's address: 665 FIFTH AVENUE
NEW YORK, NY 10022
Phone no: (212) 286-2600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 ANA'S MISSION IS MARKETING LEADERSHIP THAT MAKES A DIFFERENCE FOR ALL MARKETERS THEIR BRANDS AND THE MARKETING INDUSTRY
 [SEE SCHEDULE O FOR CONTINUATION]

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

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

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (39), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		7,876,916	838,651

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 46

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REED SMITH LLP 599 LEXINGTON AVENUE NEW YORK, NY 10022	LEGAL	2,245,132
EVENT DESIGNS NEW YORK INC 204 EAST 83RD STREET NEW YORK, NY 10028	A V SERVICES	1,331,886
MARRIOTT BUSINESS SERVICES 10400 FERNWOOD ROAD BETHESDA, MD 20817	CONFERENCE VENUE	1,309,286
ORLANDO WORLD CENTER MARRIOTT 8701 WORLD CENTER DR ORLANDO, FL 32821	CONFERENCE VENUE	840,000
MANCHESTERGRAND HYATT SANDIEGO 1 MARKET PL SAN DIEGO, CA 92101	CONFERENCE VENUE	714,388

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 30

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	19,505,132	19,505,132		
	b TRAINING & CONFERENCES	900099	7,629,375	7,629,375		
	c SPONSORSHIP	900099	6,852,600	6,852,600		
	d SAG/AFTRA	900099	2,672,662	2,672,662		
	e ALLIANCE FOR FAMILY ENTERTAINMENT	900099	2,114,792	2,114,792		
	f All other program service revenue		475,000	475,000		
g Total. Add lines 2a-2f ▶		39,249,561				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		259,516		259,516	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		56,798		56,798	
	6a Gross rents	(i) Real				
		53,000	(ii) Personal			
		b Less rental expenses	0			
		c Rental income or (loss)	53,000			
	d Net rental income or (loss) ▶		53,000		53,000	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		4,651,597	(ii) Other			
		b Less cost or other basis and sales expenses	4,429,350			
		c Gain or (loss)	222,247			
	d Net gain or (loss) ▶		222,247		222,247	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a EQUITY IN EARNINGS - AD ID	900099	750,000		750,000		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		750,000				
12 Total revenue. See Instructions ▶		40,591,122	39,249,561	0	1,341,561	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	22,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	7,891,341			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	7,187,582			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	122,003			
9 Other employee benefits.	977,089			
10 Payroll taxes.	876,159			
11 Fees for services (non-employees)				
a Management				
b Legal	2,055,854			
c Accounting	102,975			
d Lobbying	271,036			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	80,560			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,962,358			
12 Advertising and promotion	1,017,719			
13 Office expenses	289,968			
14 Information technology	909,520			
15 Royalties				
16 Occupancy	2,929,722			
17 Travel	760,967			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings	8,229,388			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	395,208			
23 Insurance	112,568			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	1,529,447			
b LEADERSHIP INITIATIVES	618,689			
c RESEARCH	367,425			
d ONLINE/ANA NEWSSTAND	173,067			
e All other expenses	198,195			
25 Total functional expenses. Add lines 1 through 24e.	39,080,840			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,618,834	1	2,219,422
	2 Savings and temporary cash investments	6,473,893	2	6,273,007
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,954,844	4	2,322,238
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	340,138	9	452,463
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,261,839		
	b Less accumulated depreciation	10b 3,301,242	2,065,026	10c 1,960,597
	11 Investments—publicly traded securities	6,995,894	11	8,750,659
	12 Investments—other securities See Part IV, line 11	250,000	12	400,000
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	448,015	15	335,559
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,146,644	16	22,713,945	
Liabilities	17 Accounts payable and accrued expenses	3,949,539	17	4,131,452
	18 Grants payable		18	
	19 Deferred revenue	8,882,855	19	10,087,366
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,775,584	25	1,514,096
	26 Total liabilities. Add lines 17 through 25	15,607,978	26	15,732,914
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,254,979	27	3,008,387
	28 Temporarily restricted net assets	3,283,687	28	3,972,644
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,538,666	33	6,981,031
	34 Total liabilities and net assets/fund balances	20,146,644	34	22,713,945

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,591,122
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,080,840
3	Revenue less expenses Subtract line 2 from line 1	3	1,510,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,538,666
5	Net unrealized gains (losses) on investments	5	490,167
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	441,916
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,981,031

Part XII Financial Statements and Reporting

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 13-0453230

Name: ASSOCIATION OF NATIONAL ADVERTISERS INC

Form 990 (2017)

Form 990, Part III, Line 4a:

PROFESSIONAL DEVELOPMENT ANA HOLDS CONFERENCES, SCHEDULE TRAINING SESSIONS, ONSITE TRAINING SESSIONS, WEBINARS, REGIONAL MEETINGS AND HALF-DAY WORKSHOPS TO KEEP ITS MEMBERS ON THE LEADING-EDGE OF MARKETING TRENDS AND BEST PRACTICES AND TO HELP MARKETERS BUILD THEIR BRANDS ANA OFFERS COMMITTEE MEETINGS TO MEMBERS FOR SHARING BEST PRACTICES, THE OPPORTUNITY FOR PEER-TO-PEER NETWORKING/BENCHMARKING, AND THE ABILITY TO LEARN ABOUT NEW INDUSTRY DEVELOPMENTS THROUGH THE EXCHANGE OF IDEAS WITH GUEST SPEAKERS AND OTHER COMMITTEE MEMBERS ANA PROVIDES AN ONLINE INFORMATION RESEARCH CENTER TO MEMBERS WITH BROAD BASED RESEARCH CAPABILITIES TO GET MARKETING AND ADVERTISING INFORMATION

Form 990, Part III, Line 4b:

ALLIANCE FOR INCLUSIVE & MULTICULTURAL MARKETING (AIMM) AIMM SEEKS TO BRING TOGETHER SENIOR THOUGHT LEADERS FROM THE AFRICAN-AMERICAN, HISPANIC, ASIAN, LGBTQ AND GENERAL MARKET COMMUNITIES TO CREATE A UNITED BLUEPRINT FOR THE EVOLUTION OF MULTICULTURAL AND DIVERSE-SEGMENT MARKETING IN AMERICA

Form 990, Part III, Line 4c:

GOVERNMENT RELATIONS & INDUSTRY REPRESENTATION ANA'S WASHINGTON DC OFFICE PROTECTS MEMBERS' RIGHTS TO EFFECTIVELY MARKET AND ADVERTISE PRODUCTS AND SERVICES IT SERVES AS A LEADING INDUSTRY VOICE BEFORE FEDERAL, STATE AND LOCAL GOVERNMENTS, ADDRESSES A BROAD RANGE OF ISSUES CRITICAL TO MEMBERS SUCH AS COMMERCIAL FREE SPEECH, PRIVACY AND BEHAVIORAL ADVERTISING, INTERNET CORPORATION ON ASSIGNED NAMES AND NUMBERS (ICANN), OBESITY AND STATE TAXES ON ADVERTISING ANA ALSO REPRESENTS ADVERTISERS' INTERESTS BEFORE KEY AGENCIES (FTC, FCC, FDA, ETC) IN CONGRESSIONAL COMMITTEES, THE COURTS AND INDUSTRY COUNCILS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

AD-ID ANA AND AAAA (AMERICAN ASSOCIATION OF ADVERTISING AGENCIES) DEVELOPED AND OWNED A NEW SYSTEM THAT PROVIDED MARKETING AND ADVERTISING INDUSTRY WITH A NEW DIGITAL IDENTIFICATION STANDARD FOR THEIR ADVERTISING ASSETS AD-ID SYSTEM ENSURES THAT THE CODE IS UNIQUE AND PROVIDES A COMMON, AUTHORITATIVE SOURCE FOR ALL FORMS OF MEDIA

(Code) (Expenses \$ including grants of \$) (Revenue \$)

ANA ALLIANCE FOR FAMILY ENTERTAINMENT THE AFE, THROUGH RESEARCH AND IDENTIFYING THE GAPS IN FAMILY PROGRAMMING AND CONTENT, INITIATED THE #SEEHER MOVEMENT ITS MISSION IS TO INCREASE THE PERCENTAGE OF ACCURATE PORTRAYALS OF WOMEN AND GIRLS IN U S ADVERTISING AND MEDIA BY 20% BY 2020, THE 100TH ANNIVERSARY OF WOMEN WINNING THE RIGHT TO VOTE THIS RELATES TO HIGH QUALITY CONTENT THAT THE ENTIRE FAMILY CAN ENJOY ON MULTIPLE DISTRIBUTION PLATFORMS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

SAG/AFTRA ANA, THROUGH ITS JOINT POLICY COMMITTEE, NEGOTIATES THE ADVERTISING INDUSTRY'S THREE YEAR CONTRACT WITH THE COMMERCIAL TALENT UNIONS' SCREEN ACTOR'S GUILD (SAG) AND AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS (AFTRA) AND ALSO SEARCHES FOR A NEW COMPENSATION MODEL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC PRITCHARD CHAIR	4 00	X		X				0	0	0
DEBORAH WAHL VICE CHAIR	4 00	X		X				0	0	0
PAUL ALEXANDER TREASURER	4 00	X		X				0	0	0
ROBERT D LIODICE CEO & DIRECTOR	35 00	X		X				1,037,908	0	39,802
ROGER W ADAMS DIRECTOR	1 00 2 00	X						0	0	0
FRANCES ALLEN DIRECTOR	2 00	X						0	0	0
DANA ANDERSON DIRECTOR THRU JUNE 2017	2 00	X						0	0	0
MARYAM BANIKARIM DIRECTOR	2 00	X						0	0	0
DOUWE BERGSMA DIRECTOR	2 00	X						0	0	0
LYNNE BIGGAR DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA BOFF DIRECTOR	2 00	X						0	0	0
CHRIS BRANDT DIRECTOR	2 00	X						0	0	0
AMANDA BRINKMAN DIRECTOR	2 00	X						0	0	0
FIONA CARTER DIRECTOR	2 00	X						0	0	0
ROB CASE DIRECTOR THRU JUNE 2017	2 00	X						0	0	0
GAURAV CHAND DIRECTOR THRU JUNE 2017	2 00	X						0	0	0
DAVID CHRISTOPHER DIRECTOR THRU OCT 2017	2 00	X						0	0	0
CHRIS CURTIN DIRECTOR THRU FEB 2017	2 00	X						0	0	0
SUZY DEERING DIRECTOR	2 00	X						0	0	0
DEANIE ELSNER DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALICIA ENCISO DIRECTOR	2 00	X						0	0	0
J RUSSELL FINDLAY DIRECTOR	2 00	X						0	0	0
MORGAN FLATLEY DIRECTOR	2 00	X						0	0	0
ANDREW FRICK DIRECTOR	2 00	X						0	0	0
SANJAY GUPTA DIRECTOR THRU OCT 2017	2 00	X						0	0	0
JACK HABER DIRECTOR THRU JUNE 2017	2 00	X						0	0	0
JON IWATA DIRECTOR	2 00	X						0	0	0
BRAD JAKEMAN DIRECTOR THRU OCT 2017	2 00	X						0	0	0
GERALD E JOHNSON II DIRECTOR	2 00	X						0	0	0
JEFFREY JONES DIRECTOR THRU OCT 2017	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAGGIE CHAN JONES DIRECTOR THRU OCT 2017	2 00	X						0	0	0
DENISE KARKOS DIRECTOR	2 00	X						0	0	0
JOHN KENNEDY JR DIRECTOR	2 00	X						0	0	0
RICH LEHRFELD DIRECTOR	2 00	X						0	0	0
KRISTIN LEMKAU DIRECTOR	2 00	X						0	0	0
CHANTAL LENARD DIRECTOR THRU OCT 2017	2 00	X						0	0	0
ALISON LEWIS DIRECTOR	2 00	X						0	0	0
ANTONIO LUCIO DIRECTOR	2 00	X						0	0	0
ROB MASTER DIRECTOR	2 00	X						0	0	0
NADINE MCHUGH DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN OWENS DIRECTOR	2 00	X						0	0	0
SUSAN POPPER DIRECTOR	2 00	X						0	0	0
RAJA RAJAMANNAR DIRECTOR	1 00 2 00	X						0	0	0
ERIC REYNOLDS DIRECTOR	2 00	X						0	0	0
TONY ROGERS DIRECTOR	2 00	X						0	0	0
DIEGO SCOTTI DIRECTOR	2 00	X						0	0	0
HEATHER STEWART DIRECTOR	2 00	X						0	0	0
MEGAN STOOKE DIRECTOR THRU FEB 2017	2 00	X						0	0	0
MARC STRACHAN DIRECTOR THRU OCT 2017	2 00	X						0	0	0
NUNO TELES DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM TREBILCOCK DIRECTOR	2 00	X						0	0	0
MEREDITH VERDONE DIRECTOR	2 00	X						0	0	0
KAREN WALKER DIRECTOR	2 00	X						0	0	0
RODNEY WILLIAMS DIRECTOR THRU OCT 2017	2 00	X						0	0	0
CHRISTINE MANNA PRESIDENT & COO	35 00			X				502,231	0	26,923
KENNETH BEAULIEU SVP	35 00			X				159,091	0	33,387
EDWARD BERG VP	35 00			X				170,620	0	34,328
SHEPARD BRYANT-KRAMER VP	35 00			X				121,283	0	23,421
CHRISTINA CURRY VP	35 00			X				160,512	0	15,669
BRIAN DAVIDSON SVP	35 00			X				163,371	0	23,839

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KRISTINA DESROSIERS SVP	35 00			X				171,423	0	6,081
WILLIAM DUGGAN GEVP	35 00			X				387,826	0	40,962
LOUIS FANELLI EVP	35 00			X				322,891	0	23,582
EVE FROUXIDES VP	35 00			X				128,055	0	14,650
MARK GALLIHER VP	35 00			X				131,962	0	14,021
MARNI GORDON SVP	35 00			X				179,612	0	6,649
LISA GUHANICK VP	35 00			X				153,692	0	32,294
KATHLEEN HUNTER EVP	35 00			X				238,347	0	18,155
DANIEL JAFFE EVP	35 00			X				515,815	0	31,081
EDWARD KABAK SVP	35 00 0 10			X				226,772	0	6,732

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL KAUFMAN SVP	35 00			X				189,150	0	26,739
ANDREA KISLAN SVP	35 00			X				207,766	0	14,489
MARK J LIEBERT VP	35 00			X				125,017	0	33,888
LANA MAVRESHKO VP	35 00			X				160,014	0	30,468
KRISTEN MCDONOUGH SVP	0 10 35 00			X				173,332	0	36,686
TRACEY OWENS SVP	35 00			X				157,403	0	18,945
MICHAEL PALMER EVP	35 00			X				256,034	0	28,952
LAN PHAN SVP	35 00			X				137,968	0	34,118
NICHOLAS PRIMOLA SVP	35 00			X				190,636	0	29,549
ROBERT ROTHE GEVP	35 00			X				341,616	0	39,578

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH SCARBOROUGH VP	35 00			X				194,233	0	17,070
BILL TUCKER EVP	35 00			X				252,052	0	32,651
KIMBERLY STEVENS DIRECTOR	35 00					X		185,234	0	31,400
ROBERT MAROLD SR DIRECTOR	35 00					X		143,109	0	23,922
JENNI NEISWONGER SR DIRECTOR	35 00					X		138,599	0	29,480
BARBARA MARKFIELD DIRECTOR	35 00					X		128,397	0	13,561
DAVID BUZBY DIRECTOR	35 00					X		124,945	0	5,579

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization ASSOCIATION OF NATIONAL ADVERTISERS INC	Employer identification number 13-0453230
---	--

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	19,505,132
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	1,730,314
b Carryover from last year	2b	856,988
c Total	2c	2,587,302
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,950,513
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	636,789
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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
2017
Open to Public Inspection

Name of the organization
ASSOCIATION OF NATIONAL ADVERTISERS INC

Employer identification number
13-0453230

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 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 an 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 the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a 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 terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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 organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,327,478	1,422,954	904,524
d Equipment		2,934,361	1,878,288	1,056,073
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,960,597

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
RENT PAYABLE	1,514,096
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,514,096

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	43,146,947
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	490,167
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,146,218
e	Add lines 2a through 2d	2e	2,636,385
3	Subtract line 2e from line 1	3	40,510,562
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,560
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	80,560
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	40,591,122

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

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

1	Total expenses and losses per audited financial statements	1	40,940,642
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,940,362
e	Add lines 2a through 2d	2e	1,940,362
3	Subtract line 2e from line 1	3	39,000,280
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,560
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	80,560
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	39,080,840

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-0453230

Name: ASSOCIATION OF NATIONAL ADVERTISERS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION FOLLOWS THE US GAAP ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN USING THIS GUIDANCE, AN ENTITY MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IN ITS FINANCIAL STATEMENTS ONLY IF IT IS MORE LIKELY-THAN-NOT (I E A LIKELIHOOD OF MORE THAN 50%) THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND BELIEVES THERE ARE NO UNCERTAIN POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS AS OF DECEMBER 31, 2017 AND 2016 THE ORGANIZATION'S TAX RETURNS FOR ALL YEARS SINCE 2014 REMAIN OPEN TO EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES THERE ARE CURRENTLY NO TAX EXAMINATIONS IN PROGRESS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE ATTRIBUTED TO RELATED ORANIZATION-AEF 1,704,302 PENSION RELATED GAIN OTHER THAN PENSION BENEFIT 441,916

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES ATTRIBUTED TO RELATED ORANIZATION-AEF 1,918,232 EXPENSES ATTRIBUTED TO RELATED ORANIZATION-BAAEF 22,130

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
ASSOCIATION OF NATIONAL ADVERTISERS INC

Employer identification number
13-0453230

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	PROGRAM SERVICES	MEMBERSHIP DUES-ADVERTISING INDUSTRY PROGRAMS AND INITIATIVES	40,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			40,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			40,000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 3	EXPENDITURES WERE ACCOUNTED FOR USING THE ACCRUAL METHOD

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization ASSOCIATION OF NATIONAL ADVERTISERS INC

Employer identification number 13-0453230

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (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. Includes rows for 4A'S FOUNDATION and ADVERTISING WEEK.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 2
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION REQUIRES GRANT RECIPIENTS TO ADHERE TO REPORTING REQUIREMENTS AS OUTLINED IN THE INDIVIDUAL GRANT AGREEMENTS BETWEEN THE ORGANIZATION AND EACH RECIPIENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ASSOCIATION OF NATIONAL ADVERTISERS INC

Employer identification number
13-0453230

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a									
	5b									
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a									
	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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.

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 13-0453230
Name: ASSOCIATION OF NATIONAL ADVERTISERS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT D LIODICE CEO & DIRECTOR	(i)	612,908	425,000	0	8,999	30,803	1,077,710	0
	(ii)	0	0	0	0	0	0	0
1 CHRISTINE MANNA PRESIDENT & COO	(i)	414,931	87,300	0	9,000	17,923	529,154	0
	(ii)	0	0	0	0	0	0	0
2 KENNETH BEAULIEU SVP	(i)	148,404	10,687	0	4,520	28,867	192,478	0
	(ii)	0	0	0	0	0	0	0
3 EDWARD BERG VP	(i)	136,792	33,828	0	3,525	30,803	204,948	0
	(ii)	0	0	0	0	0	0	0
4 CHRISTINA CURRY VP	(i)	150,326	10,186	0	5,005	10,664	176,181	0
	(ii)	0	0	0	0	0	0	0
5 BRIAN DAVIDSON SVP	(i)	148,912	14,459	0	5,960	17,879	187,210	0
	(ii)	0	0	0	0	0	0	0
6 KRISTINA DESROSIERS SVP	(i)	160,559	10,864	0	6,000	81	177,504	0
	(ii)	0	0	0	0	0	0	0
7 WILLIAM DUGGAN GEVP	(i)	326,276	61,550	0	8,999	31,963	428,788	0
	(ii)	0	0	0	0	0	0	0
8 LOUIS FANELLI EVP	(i)	276,491	46,400	0	8,999	14,583	346,473	0
	(ii)	0	0	0	0	0	0	0
9 MARNI GORDON SVP	(i)	169,772	9,840	0	5,915	734	186,261	0
	(ii)	0	0	0	0	0	0	0
10 LISA GUHANICK VP	(i)	144,860	8,832	0	5,685	26,609	185,986	0
	(ii)	0	0	0	0	0	0	0
11 KATHLEEN HUNTER EVP	(i)	210,744	27,603	0	7,927	10,228	256,502	0
	(ii)	0	0	0	0	0	0	0
12 DANIEL JAFFE EVP	(i)	444,815	71,000	0	8,999	22,082	546,896	0
	(ii)	0	0	0	0	0	0	0
13 EDWARD KABAK SVP	(i)	214,412	12,360	0	5,636	1,096	233,504	0
	(ii)	0	0	0	0	0	0	0
14 MICHAEL KAUFMAN SVP	(i)	166,150	23,000	0	6,468	20,271	215,889	0
	(ii)	0	0	0	0	0	0	0
15 ANDREA KISLAN SVP	(i)	188,162	19,604	0	4,451	10,038	222,255	0
	(ii)	0	0	0	0	0	0	0
16 MARK J LIEBERT VP	(i)	117,157	7,860	0	5,021	28,867	158,905	0
	(ii)	0	0	0	0	0	0	0
17 LANA MAVRESHKO VP	(i)	147,982	12,032	0	1,557	28,911	190,482	0
	(ii)	0	0	0	0	0	0	0
18 KRISTEN MCDONOUGH SVP	(i)	158,521	14,811	0	5,838	30,848	210,018	0
	(ii)	0	0	0	0	0	0	0
19 TRACEY OWENS SVP	(i)	144,810	12,593	0	1,671	17,274	176,348	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MICHAEL PALMER EVP	(i)	223,134	32,900	0	8,030	20,922	284,986	0
	(ii)	0	0	0	0	0	0	0
1LAN PHAN SVP	(i)	129,268	8,700	0	5,233	28,885	172,086	0
	(ii)	0	0	0	0	0	0	0
2NICHOLAS PRIMOLA SVP	(i)	172,586	18,050	0	682	28,867	220,185	0
	(ii)	0	0	0	0	0	0	0
3ROBERT ROTHE GEVP	(i)	285,725	55,891	0	8,775	30,803	381,194	0
	(ii)	0	0	0	0	0	0	0
4KEITH SCARBOROUGH VP	(i)	183,240	10,993	0	7,076	9,994	211,303	0
	(ii)	0	0	0	0	0	0	0
5BILL TUCKER EVP	(i)	252,052	0	0	8,221	24,430	284,703	0
	(ii)	0	0	0	0	0	0	0
6KIMBERLY STEVENS DIRECTOR	(i)	185,234	0	0	4,240	27,160	216,634	0
	(ii)	0	0	0	0	0	0	0
7ROBERT MAROLD SR DIRECTOR	(i)	136,109	7,000	0	3,766	20,156	167,031	0
	(ii)	0	0	0	0	0	0	0
8JENNI NEISWONGER SR DIRECTOR	(i)	94,473	44,126	0	650	28,830	168,079	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

ASSOCIATION OF NATIONAL ADVERTISERS INC

Employer identification number

13-0453230

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION CONTINUED	ANA COMMANDS THE INDUSTRY AGENDA, SHAPES THE FUTURE OF MARKETING, CHAMPIONS MARKETING EXCELLENCE, ENHANCES TALENT DEVELOPMENT AND ADVANCES, PROMOTES AND PROTECTS THE INTEREST OF MARKETERS ANA FUELS SMARTER MARKETING AND DRIVES INDUSTRY CHANGE AND BUSINESS GROWTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ANA'S MEMBER INCLUDES 1,100 COMPANIES REPRESENTING 25,000 BRANDS THAT COLLECTIVELY SPEND \$400 BILLION IN MARKETING AND MEDIA ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNING BODY IS ELECTED BY MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	KEY GOVERNANCE DECISIONS ARE SUBJECT TO APPROVAL BY MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ANA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE THE SVP, FINANCE AND ADMINISTRATION AND PRESIDENT/COO/CFO REVIEW THE FORM 990 AFTER THE DRAFT IS PREPARED ONCE APPROVED BY MANAGEMENT, A DRAFT OF THE FORM 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE (IN LIEU OF THE FULL BOARD) ELECTRONICALLY FOR THEIR REVIEW PRIOR TO FILING TO WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST WITH THE GOVERNING BOARD AFTER DISCLOSURE, THE INDIVIDUAL IN QUESTION MUST RECUSE THEMSELVES FROM VOTING ON THE MATTER SUCH MATTERS INVOLVING THE EXISTENCE OF CONFLICTS OF INTEREST ARE TO BE DOCUMENTED IN THE MINUTES OF THE GOVERNING BOARD ON AN ANNUAL BASIS, EACH INDIVIDUAL IS REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT THEY RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE ORGANIZATION'S OFFICERS WAS DETERMINED BY THE BOARD OF DIRECTORS USING COMPENSATION DATA FROM SIMILARLY SITUATED NON-PROFIT ORGANIZATIONS CONTEMPORANEOUS DOCUMENTATION WITH RESPECT TO THE DELIBERATION AND VOTE IS RETAINED IN THE MINUTES OF THE GOVERNING BOARD THIS PROCESS WAS LAST UNDERTAKEN IN 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT 708 3RD AVE, NEW YORK, NY 10017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES OTHER THAN PENSION BENEFIT 441,916

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
ASSOCIATION OF NATIONAL ADVERTISERS INC

Employer identification number

13-0453230

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BAA EDUCATIONAL FOUNDATION INC 708 THIRD AVENUE NEW YORK, NY 10017 20-0205552	PROVIDE AND SUPPORT EDUCATION OF THE BRAND ACTIVATION INDUSTRY	NY	501(C)(3)	LINE 10	ASSOCIATION OF NATIONAL ADVERTISERS INC	Yes	
(2) ADVERTISING EDUCATIONAL FOUNDATION 708 THIRD AVENUE NEW YORK, NY 10017 13-3228986	SUPPORT AND BRIDGE THE ADVERTISING INDUSTRY WITH THE ACADEMIC COMMUNITY	NY	501(C)(3)	PF	ASSOCIATION OF NATIONAL ADVERTISERS INC	Yes	

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ADVERTISING EDUCATIONAL FOUNDATION	Q	79,693	COST
(2) ADVERTISING EDUCATIONAL FOUNDATION	N	140,000	COST

Part VII **Supplemental Information**

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