

Col 1

EXHIBIT J

A.D.L. STATE TAX RECORDS





DE 3DP QUARTERLY CONTRIBUTION RETURN

3930

PLEASE TYPE THIS FORM

You must FILE this return even though you had no payroll this quarter. If you had payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

QUARTER ENDED DEC.31, 1992 DUE JAN.1, 1993 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY FEB.1, 1993 92 4

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request For Change form. Refer to third page.

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION 216-7069-0 Employer Account No.

DEPT. USE ONLY P1 P2 C P S V A Employer Account No. 216 7069 0 Mo Day Yr WIC EFFECTIVE DATE

ANTI DEFAMATION LEAGUE 823 UNITED NATIONS PLZ NEW YORK NY 10017

A Enter in the boxes the number of employees earning wages during pay periods that include the 12th day of the calendar month (enter numerals only) 1st Month 56 2nd Month 61 3rd Month 55

B FEIN 13-1818723
C TOTAL SUBJECT WAGES PAID THIS QUARTER (B) 394,255.02
D UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (C) 23,086.20
E DISABILITY INSURANCE TAXABLE WAGES (DI) (D) 214,716.42
F EMPLOYER'S UI CONTRIBUTIONS (E) 530.98
E1 EMPLOYMENT TRAINING TAX (E1) (.0010 TIMES LINE C) 230.9
F1 EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions 2,683.96 LESS (F2) DI Previously Paid This Quarter 2,683.96 = (F3)
G CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld 11,976.68 LESS (G2) PIT Previously Paid This Quarter 11,976.68 = (G3)
H ADJUSTMENT TO PRIOR QUARTERS
J TOTAL TAXES DUE (Add Items E, E1, F3, G3 and H) 554.07

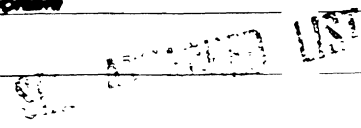
K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief. Signature: [Signature] Title: ASST. SECRETARY CHEMICAL BANK-AGENT Date: JAN 29 1993

NOTE - IMPORTANT Use form DE 3B, REPORT OF WAGES, instead of this form if: 1. You have more than seven (7) employees. OR 2. Your employees are subject to Unemployment Insurance only OR 3. Your employees are subject to Disability Insurance only. Please check the box below if individual employees wages are reported on magnetic media. N3 Total of this page DE total of DE 3Bs attached



This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Karl W Grossenbacher Employment Tax Branch Kay R. Matthe





DE 3DP QUARTERLY CONTRIBUTION RETURN

PLEASE TYPE THIS FORM

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY

QTR

QUARTER ENDED SEP.30, 1992 DUE OCT.1, 1992 OR RECEIVED BY NOV.2, 1992 92 3

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request For Change form - refer to third page

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0 Employer Account No

DEPT USE ONLY

Table with columns P1, P2, C, P, U, S, W, A. Includes fields for Employer Account No (216 7069 0), Effective Date, and WIC.

ANTI DEFAMATION LEAGUE 823 UNITED NATIONS PLZ NEW YORK NY 10017

A. Enter in the boxes the number of employees earning wages during pay periods that include the 12th day of the calendar month (enter numerals only)

Table with 3 columns: 1st Month (55), 2nd Month (52), 3rd Month (53)

FEIN 13-1818723

B. TOTAL SUBJECT WAGES PAID THIS QUARTER

(B) 44840501

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)

(C) 2896690

(Individual Employee Wages to \$ 7000 per calendar year)

D. DISABILITY INSURANCE TAXABLE WAGES (DI)

(D) 37660080

(Individual Employee Wages to \$ 31767 per calendar year)

E. EMPLOYER'S UI CONTRIBUTIONS 2.30 % Times C

(E) 66624

(.0010 TIMES LINE C)

E1. EMPLOYMENT TRAINING TAX 0.10 % Times C

(E1) 2897

F. EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions 4707 51 LESS (F2) DI Previously Paid This Quarter 4707 51 = (F3) 00

WITHHELD: 1.25 % Times D

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

(G1) Total PIT Withheld 13774 62 LESS (G2) PIT Previously Paid This Quarter 13774 62 = (G3) 00

H. ADJUSTMENT TO PRIOR QUARTERS

A DE 938, QUARTERLY REPORT ADJUSTMENT FORM MUST BE ATTACHED

J. TOTAL TAXES DUE (Add Items E, E1, F3, G3 and H)

(J) 69521

Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature ASST. VICE PRES. CHEMICAL BANK ACCT Title (Owner, Accountant, Preparer, etc.) Phone () Date OCT 28 1992

NOTE - IMPORTANT

Use form DE 3B, REPORT OF WAGES, instead of this form if:

- 1. You have more than seven (7) employees. OR
2. Your employees are subject to Unemployment Insurance only. OR
3. Your employees are subject to Disability Insurance only.

Please check the box below if individual employees' wages are reported on magnetic media

Table with columns: L. SOCIAL SECURITY ACCOUNT NUMBER, M. EMPLOYEE NAME, N1, N2 TOTAL WAGES PAID THIS QUARTER

SEE ATTACHED LIST



Serving the People of California

This is to certify that this is a full, true and correct copy of the original documents on file with the Employment Development Department.

Karl W. Grossbacher Employment Tax Branch

Handwritten signature: Kay R. Matthes

N3 Total of this page OR total of DE 3Bs attached

(N3)

44840501



DE 3DP QUARTERLY CONTRIBUTION RETURN

PLEASE TYPE THIS FORM

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

QUARTER ENDED JUN.30, 1992 DUE JUL.1, 1992 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JUL.31, 1992 92 2

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request For Change form. Enter to third page.

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION 216-7069-0 Employer Account No. ANTI DEFAMATION LEAGUE 823 UNITED NATIONS PLZ NEW YORK NY 10017

DEPT USE ONLY P1 P2 C P U S W Employer Account No 216 7069 0 Mo Day Yr WIC EFFECTIVE DATE = = =

A Enter in the boxes the number of employees earning wages during pay periods that include the 12th day of the calendar month (enter numerals only) 1st Month 54 2nd Month 52 3rd Month 54 FEIN 13-1818723 B TOTAL SUBJECT WAGES PAID THIS QUARTER (B) 42405037 C UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000 per calendar year) (C) 1807188 D DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 31767 per calendar year) (D) 41637560 E EMPLOYER'S UI CONTRIBUTIONS 2.30 % Times C (E) 41566 E1 EMPLOYMENT TRAINING TAX 0.10 % Times C (E1) 1807 F EMPLOYEE CONTRIBUTIONS (DI) (F1) D. Employee Contributions 5204.68 LESS (F2) DI Previously Paid This Quarter 5204.68 = (F3) 00 WITHHELD 1.25 % Times D G CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld 12658.66 LESS (G2) PIT Previously Paid This Quarter 12658.66 = (G3) 00 H ADJUSTMENT TO PRIOR QUARTERS A DE 938 QUARTERLY REPORT ADJUSTMENT FORM MUST BE ATTACHED (H) J TOTAL TAXES DUE (Add Items E E1 F3 G3 and H) (J) 43373 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief. Signature Lorenz Englhardt Title ASST. VICE PRES. CHEMICAL BANK AGENTS Phone () Date JUL 08 1992

NOTE - IMPORTANT Use form DE 3B, REPORT OF WAGES, instead of this form if. SOCIAL SECURITY ACCOUNT NUMBER EMPLOYEE NAME First Initial Last Name N1 N2. TOTAL WAGES PAID THIS QUARTER SEE ATTACHED LIST

1 You have more than seven (7) employees. OR 2 Your employees are subject to Unemployment insurance only OR 3 Your employees are subject to Disability Insurance only

Please check the box below if individual employees wages are reported on magnetic media. Karl W. Grossbacher Employment Tax Branch by Kay R. Matthe N3 Total of this page OR total of DE 3Bs attached 42405037



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DE 3DP QUARTERLY CONTRIBUTION RETURN

PLEASE TYPE THIS FORM

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

QUARTER ENDED MAR 31, 1992 DUE APR 30, 1992 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY APR 30, 1992

CHECK THIS BLOCK if corrections in name, address, or classification are reported on the Request For Change form - refer to third page

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

03930 FED-ID-NUM 131818723

ANTI-DEFAMATION LEAGUE OF BNAI BRITH

823 UNITED NATIONS PLAZA

NEW YORK 10021-476 NY 10017 NY

EMPLOYER'S COPY

P1 P2 C P U S W A

DEPT. USE ONLY

Employer Account No. 216-7069-0

Mo. Day Yr. WIC

EFFECTIVE DATE

A. Enter in the boxes the number of employees earning wages during pay periods that include the 12th day of the calendar month (enter numerals only).

1st Month	54	2nd Month	54	3rd Month	53
-----------	----	-----------	----	-----------	----

FEIN 13-2829720

B. TOTAL SUBJECT WAGES PAID THIS QUARTER (B) 48972587

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000 per calendar year) (C) 36280337

D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 31767 per calendar year) (D) 48972587

E. EMPLOYER'S UI CONTRIBUTIONS 2.30 % Times C (E) 834448

E1. EMPLOYMENT TRAINING TAX 0.10 % Times C (.3015 TIMES LINE C) (E1) 36280

F. EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions 6121.58 LESS (F2) DI Previously Paid This Quarter 6121.58 = (F3) 00

WITHHELD: 1.25 % Times D

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld 14083.74 LESS (G2) PIT Previously Paid This Quarter 14083.74 = (G3) 00

H. ADJUSTMENT TO PRIOR QUARTERS (H) 2

A DE 938, QUARTERLY REPORT ADJUSTMENT FORM, MUST BE ATTACHED

J. TOTAL TAXES DUE (Add Items E, E1, F3, G3 and H) (J) 870728

Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Josephine Engelhardt ASST. VICE PRES. CHEMICAL BANK ACFT

APR 27 1992

NOTE - IMPORTANT

Use form DE 3B, REPORT OF WAGES, instead of this form if:

- You have more than seven (7) employees, OR
- Your employees are subject to Unemployment Insurance only, OR
- Your employees are subject to Disability Insurance only.

Please check the box below if individual employees wages are reported on magnetic media

DEPT. USE	L. SOCIAL SECURITY ACCOUNT NUMBER	M. EMPLOYEE NAME First Initial Last Name	N1.	N2. TOTAL WAGES PAID THIS QUARTER
		SEE ATTACHED LIST		
		EDD		
		Kari W Grossenbacher Employment Tax Branch		
		by Kay R. Matthews		
			(N3)	48972587

N3 Total of this page OR total of DE 3Bs attached



DE 3DP QUARTERLY CONTRIBUTION RETURN

QUARTER ENDED DEC. 31, 1991 DUE JAN. 1, 1992

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JAN. 31, 1992 91 4

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request For Change form - see page three

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

DEPT. USE ONLY table with columns P1, P2, C, P, U, S, W, A and rows for Employer Account No, Effective Date, and WIC.

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

A. 1st Month 54, 2nd Month 56, 3rd Month 56. Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month.

FEIN 13-1818723

PLEASE TYPE THIS FORM

- B TOTAL WAGES IN SUBJECT EMPLOYMENT
C UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)
D DISABILITY INSURANCE TAXABLE WAGES (DI)
E EMPLOYER'S UI CONTRIBUTIONS
E1. EMPLOYMENT TRAINING TAX
F EMPLOYEE CONTRIBUTIONS (DI)
G CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD
H ADJUSTMENT TO PRIOR QUARTERS
J TOTAL TAXES DUE
J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No.

Table with 2 columns and 10 rows containing handwritten values: 413623 94, 27796 15, 272642 00, 500 34, 27 79, 00, 00, 528 13.

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature: Lorenz Englehardt, Title: (Owner), Date: JAN 28 1992

NOTE - IMPORTANT section with table for SOCIAL SECURITY ACCOUNT NUMBER, EMPLOYEE NAME, and TOTAL WAGES PAID THIS QUARTER. Includes a stamp 'SEE ATTACHED LIST' and a signature 'Karl W. Grossbacher'.



State of California / Employment Development Department

Serving the People of California

P.O. Box 826847, Sacramento, CA 94247-0001

DE 3DP QUARTERLY CONTRIBUTION RETURN

QUARTER ENDED SEP. 30, 1991 DUE OCT. 1, 1991 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY OCT. 31, 1991 91 3

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Regular Change form - see page three

DO NOT ALTER PREPRINTED INFORMATION 216-7069-0

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

DO NOT ALTER THIS AREA

Employer Account No. 216 7069 0

EFFECTIVE DATE: Mo - Day - Yr -

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

FEIN 13-1818723

A. 1st Month 55 2nd Month 56 3rd Month 54

Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only.)

PLEASE TYPE THIS FORM

B. TOTAL WAGES IN SUBJECT EMPLOYMENT

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000)

D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 31767)

E. EMPLOYER'S UI CONTRIBUTIONS 1.80 % Times C

E1. EMPLOYMENT TRAINING TAX 0.10 % Times C

F. EMPLOYEE CONTRIBUTIONS (DI)

WITHHELD 1.00 % Times D

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H. ADJUSTMENT TO PRIOR QUARTERS

A FORM DE 938, QUARTERLY REPORT ADJUSTMENT, MUST BE ATTACHED


J. TOTAL TAXES DUE (Add Items E, E1, F3, G3 and H)

J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature Loreni Englehardt Title ASST. VICE PRES. CHEMICAL BANK-AREZ Phone () Date OCT 28 1991

(Owner, Accountant, Preparer, etc.)

DEPT. L. USE	SOCIAL SECURITY ACCOUNT NUMBER	M. Surname	EMPLOYEE NAME Last, Name	N1	N2	TOTAL WAGES PAID THIS QUARTER
SEE ATTACHED LIST						
 <p>This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.</p> <p>Karl W. Grossbacher Employment Tax Branch</p> <p><u>Kay R. Matthes</u></p>						
N3 Total of this page OR total of DE 3DP attached						<u>381937 45</u>



DE 3DP QUARTERLY CONTRIBUTION RETURN

ECS-1832440

QUARTER ENDED JUN.30, 1991 DUE JUL.1, 1991 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JUL.31, 1991 91 2

CHECK THIS BLOCK if corrections in name address or ownership are reported on the Request For Change form - see page three

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

DO NOT ALTER THIS AREA

P1 P2 C P U S W

Employer Account No

216 7069 0

EFFECTIVE DATE Mo. Day Yr WIC

ANTI DEFAMATION LEAGUE 823 UNITED NATIONS PLZ NEW YORK NY 10017

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

FEIN 13-1818723

A. 1st Month 54 2nd Month 56 3rd Month 55 Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

PLEASE TYPE THIS FORM

B. TOTAL WAGES IN SUBJECT EMPLOYMENT

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000)

D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 31787)

E. EMPLOYER'S UI CONTRIBUTIONS 1.80 % Times C

E1 EMPLOYMENT TRAINING TAX 0.10 % Times C

F EMPLOYEE CONTRIBUTIONS (DI) WITHHELD 1.00 % Times D

G CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H ADJUSTMENT TO PRIOR QUARTERS

A FORM DE 938, QUARTERLY REPORT ADJUSTMENT, MUST BE ATTACHED

J TOTAL TAXES DUE (Add Items E, E1, F3, G3 and H)

J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.

Table with 2 columns: (B) through (J) and values: 406510.72, 57564.97, 402003.68, 103617, 5756, 225, 00, 1095.98

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature: Lorenz Englert Title: (Owner) Accountant Preparer, etc.) Phone: () Date: JUL 26 1991

NOTE - IMPORTANT Use form DE 3B, REPORT OF WAGES, instead of this form if: 1. You have more than seven (7) employees. OR 2. Your employees are subject to Unemployment Insurance only. OR 3. Your employees are subject to Disability Insurance only. Please check the appropriate box below Individual employees wages are reported on form DE 3B [X] Individual employees wages are reported on magnetic media []

Form with fields: L. SOCIAL SECURITY ACCOUNT NUMBER, M. EMPLOYEE NAME (First initial, Last Name), N1, N2. TOTAL WAGES PAID THIS QUARTER. SEE ATTACHED LIST. EDD logo. This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department. Karl W Grossbacher Employment Tax Branch. Ray R. Matthes (N3) 41105524



DE 3DP QUARTERLY CONTRIBUTION RETURN

QUARTER ENDED MAR. 31, 1991 **DUE** APR. 1, 1991
DELINQUENT IF NOT POSTMARKED OR RECEIVED BY APR. 30, 1991
 CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request For Change form — see page three.

VR CTR
91 1

DO NOT ALTER PREPRINTED INFORMATION
216-7069-0

DO NOT ALTER THIS AREA
 DEPT. USE ONLY
 P1 P2 C P U S W A
 Employer Account No
216 7069 0
 Mo. Day Yr. WIC
 EFFECTIVE DATE - - -

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.
FEIN 13-1818723

A. 1st Month 56 2nd Month 56 3rd Month 56
 Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

PLEASE TYPE THIS FORM

B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)
 C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000) (C)
 D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 31767) (D)
 E. EMPLOYER'S UI CONTRIBUTIONS 1.80 % Times C (E)
 E1. EMPLOYMENT TRAINING TAX 0.10 % Times C (E1)
 F. EMPLOYEE CONTRIBUTIONS (DI) WITHHELD 1.00 % Times D (F1) DI Employee Contributions 4018 01 LESS (F2) DI Previously Paid This Quarter 4018 01 = (F3) 00
 G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this Quarter 11382 73 LESS (G2) PIT Previously Paid This Quarter 11382 73 = (G3) 00
 H. ADJUSTMENT TO PRIOR QUARTERS
 A FORM DE 938, QUARTERLY REPORT ADJUSTMENT, MUST BE ATTACHED (H)
 J. TOTAL TAXES DUE (Add Items E, E1, F3, G3 and H) (J)
 J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.

(B)	40180287
(C)	33985423
(D)	40180287
(E)	61173
(E1)	33986
(F3)	00
(G3)	00
(H)	00
(J)	645723

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature Karen Engelhardt Title ASST. VICE PRES. PERSONAL MANAGEMENT Phone ()
 Date APR 26 1991

NOTE — IMPORTANT
 Use form DE 3B, REPORT OF WAGES, instead of this form if:
 1. You have more than seven (7) employees. OR
 2. Your employees are subject to Unemployment Insurance only. OR
 3. Your employees are subject to Disability Insurance only.
 Please check the appropriate box below:
 Individual employees' wages are reported on form DE 3B
 Individual employees' wages are reported on magnetic media

L. SOCIAL SECURITY ACCOUNT NUMBER
 M. First Initial
 EMPLOYEE NAME Last Name
SEE ATTACHED LIST
EDD
 This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.
 Karl W. Grossbacher
 Employment Tax Branch
 by Kay R. Marshall
 N3 Total of this page OR total of DE 3Bs attached (N3) 40655518



DE 3DP QUARTERLY CONTRIBUTION RETURN

QUARTER ENDED DEC. 31, 1990 DUE JAN. 1, 1991 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JAN. 31, 1991

CHECK THIS BLOCK if corrections in name, address or ownership are reported on the Request For Change form - see page three

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

DEPT USE ONLY

P1 P2 C P U S W A

Employer Account No

216 7069 0

EFFECTIVE DATE Mo. Day Yr WIC

ANTI DEFAMATION LEAGUE 823 UNITED NATIONS PLZ NEW YORK NY 10017

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

FEIN 13-1818723

A. 1st Month 57 2nd Month 58 3rd Month 59

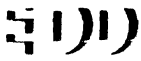
PLEASE TYPE THIS FORM

- B. TOTAL WAGES IN SUBJECT EMPLOYMENT
C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)
D. DISABILITY INSURANCE TAXABLE WAGES (DI)
E. EMPLOYER'S UI CONTRIBUTIONS
E1. EMPLOYMENT TRAINING TAX
F. EMPLOYEE CONTRIBUTIONS (DI)
G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD
H. ADJUSTMENT TO PRIOR QUARTERS
J. TOTAL TAXES DUE

Table with 2 columns: Description, Amount. Rows include 361307.03, 18932.41, 191562.22, 3407.8, 1894, 1724.06, 11070.88, 3597.2

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief. Signature: Kenneth Engelhardt, Title: ASST. VICE PRES. CHEMICAL BANK-AGENT

NOTE - IMPORTANT section with instructions and a table for SOCIAL SECURITY ACCOUNT NUMBER, EMPLOYEE NAME, and TOTAL WAGES PAID THIS QUARTER.



DE 3DP QUARTERLY CONTRIBUTION RETURN

QUARTER ENDED SEP. 30, 1990 DUE OCT. 1, 1990 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY OCT. 31, 1990

CHECK THIS BLOCK if corrections in name, address or ownership are reported on the Request For Change form - see page three

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

DEPT. USE ONLY

P1 P2 C P U S W

Employer Account No.

216 7069 0

Mo. Day Yr

WIC

EFFECTIVE DATE

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

FEIN 13-1818723

A. 1st Month 59 2nd Month 57 3rd Month 58

PLEASE TYPE THIS FORM

- B. TOTAL WAGES IN SUBJECT EMPLOYMENT
C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000)
D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 25149)

E. EMPLOYER'S UI CONTRIBUTIONS 1.80 % Times C

E1. EMPLOYMENT TRAINING TAX 0.10 % Times C

F. EMPLOYEE CONTRIBUTIONS (DI) WITHHELD 0.90 % Times D 3111.72

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD 14959.08

H. ADJUSTMENT TO PRIOR QUARTERS

A FORM DE 938, QUARTERLY REPORT ADJUSTMENT, MUST BE ATTACHED

J. TOTAL TAXES DUE (Add Items E, E1, F3 G3 and H)

J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

(.0010 TIMES LINE C) LESS 3111.72 LESS 14959.08

Table with 2 columns: Description (B-J1) and Amount (48245339, 2179407, 34574666, 39229, 2180, 00, 00, 00, 41409)

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature: [Signature] Title: ASST. VICE PRES. CHEMICAL BANKERS Phone: () Date: OCT 26 1990

NOTE - IMPORTANT

Use form DE 3B REPORT OF WAGES, instead of this form if:

- 1. You have more than seven (7) employees. OR
2. Your employees are subject to Unemployment Insurance only. OR
3. Your employees are subject to Disability Insurance only.

Please check the appropriate box below:

Individual employees' wages are reported on form DE 3B

Individual employees' wages are reported on magnetic media

Table with 4 columns: DEPT. USE, L. SOCIAL SECURITY ACCOUNT NUMBER, M. EMPLOYEE NAME (First Initial, Last Name), N1, N2. TOTAL WAGES PAID THIS QUARTER

SEE ATTACHED LIST



Serving the People of California

This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Ray W. Crossenbacher Employment Tax Branch

by Kay R. Matthes

N3 Total of this page OR total of DE 3Bs attached

(N3)

48245339



DE 3DP QUARTERLY CONTRIBUTION RETURN

QUARTER ENDED JUN.30, 1990 DUE JUL.1, 1990 OR RECEIVED BY JUL.31, 1990

DELINQUENT IF NOT POSTMARKED

90 2

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request For Change form - see page three

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

DEPT. USE ONLY

P1 P2 C P U S W A

Employer Account No.

216 7069 0

EFFECTIVE DATE Mo. Day Yr WIC

ANTI DEFAMATION LEAGUE 823 UNITED NATIONS PLZ NEW YORK NY 10017

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

A. 1st Month 62 2nd Month 64 3rd Month 62 Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

FEIN 13-1818723

PLEASE TYPE THIS FORM

B. TOTAL WAGES IN SUBJECT EMPLOYMENT

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000)

D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 25149)

E. EMPLOYER'S UI CONTRIBUTIONS 1.80 % Times C

E1. EMPLOYMENT TRAINING TAX 0.10 % Times C (1.0010 TIMES LINE C)

F. EMPLOYEE CONTRIBUTIONS (DI) WITHHELD 0.90 % Times D (F1) DI Employee Contributions 3697.83 LESS (F2) DI Previously Paid This Quarter 3697.83 (F3) 00

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this Quarter 13610.12 LESS (G2) PIT Previously Paid This Quarter 13610.12 (G3) 00

H. ADJUSTMENT TO PRIOR QUARTERS

A FORM DE 938, QUARTERLY REPORT ADJUSTMENT, MUST BE ATTACHED

J. TOTAL TAXES DUE (Add Items E, E1, F3, G3 and H)

J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

Table with 2 columns: Description, Amount. Rows include B, C, D, E, E1, F, G, H, J, J1 with handwritten values.

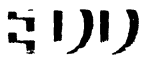
K. BE SURE TO SIGN THIS DECLARATION. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature: Ronald J. ... Title: ASST. VICE PRES. CHEMICAL BANK AGENT Date: JUL 27 1990

NOTE - IMPORTANT Use form DE 3B REPORT OF WAGES, instead of this form if: 1. You have more than seven (7) employees, OR 2. Your employees are subject to Unemployment Insurance only, OR 3. Your employees are subject to Disability Insurance only. Please check the appropriate box below: Individual employees' wages are reported on form DE 3B. Individual employees' wages are reported on magnetic media.

Table with columns: DEPT USE, L. SOCIAL SECURITY ACCOUNT NUMBER, M. First Initial, EMPLOYEE NAME Last Name, N1, N2. TOTAL WAGES PAID THIS QUARTER. Includes 'SEE ATTACHED LIST' and 'EDD' logo.

N3 Total of this page OR total of DE 3Bs attached 444941 58



State of California / Employment Development Department

Serving the People of California

P.O. Box 826847, Sacramento, CA 94247-0001

DE 3DP QUARTERLY CONTRIBUTION RETURN

ECS-01663961

QUARTER ENDED MAR. 31, 1990 DUE APR. 1, 1990 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY APR. 30, 1990

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request For Change form - see page three

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

DO NOT ALTER THIS AREA

DEPT. USE ONLY

Employer Account No. 216 7069 0
EFFECTIVE DATE Mo. Day Yr. WIC

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

MAY 1 1990 E 623

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

FEIN 13-1818723

A. 1st Month 58 2nd Month 59 3rd Month 62
Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

PLEASE TYPE THIS FORM

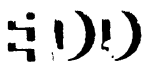
- B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)
C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (C)
D. DISABILITY INSURANCE TAXABLE WAGES (DI) (D)
E. EMPLOYER'S UI CONTRIBUTIONS (E)
E1. EMPLOYMENT TRAINING TAX (E1)
F. EMPLOYEE CONTRIBUTIONS (DI) WITHHELD (F)
G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G)
H. ADJUSTMENT TO PRIOR QUARTERS (H)
J. TOTAL TAXES DUE (Add Items E, E1, F3 G3 and H) (J)
J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. (J)

Table with 2 columns: Description, Amount. Rows include 455998 91, 371261 23, 455998 91, 6682 70, 371 26, 00, 00, 7053 96.

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature: Sorani Lufshantz Title: CHEMICAL Accountant, Preparer, etc. Date: APR 26 1990

NOTE: USE SOCIAL SECURITY ACCOUNT NUMBER, EMPLOYEE NAME, N1, N2, N3. Includes 'SEE ATTACHED LIST' and 'EDD' logo.



DE 3DP QUARTERLY CONTRIBUTION RETURN

QUARTER ENDED DEC 31, 1989 DUE JAN 1, 1990

DELINQUENT IF NOT MAILED BY JAN 31, 1990

YR 89 QTR 4

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request For Change form - see page three.

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

DEPT. USE ONLY section with Employer Account No. 216 7069 0 and EFFECTIVE DATE fields.

ANTI DEFAMATION LEAGUE 823 UNITED NATIONS PLZ NEW YORK NY 10017

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

FEIN 13-1818723

A. 1st Month 60 2nd Month 62 3rd Month 59

PLEASE TYPE THIS FORM

- B. TOTAL WAGES IN SUBJECT EMPLOYMENT
C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)
D. DISABILITY INSURANCE TAXABLE WAGES (DI)
E. EMPLOYER'S UI CONTRIBUTIONS
E1. EMPLOYMENT TRAINING TAX
F. EMPLOYEE CONTRIBUTIONS (DI)
G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD
H. ADJUSTMENT TO PRIOR QUARTERS
J. TOTAL TAXES DUE
J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT

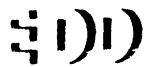
Table with 2 columns and 8 rows containing handwritten values: 455411 19, 72073 65, 230370 00, 1441 48, 72 07, 00, 00, 1513 55

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature: J. M. ... Title: CHEMICAL ... Phone: ()

NOTE - IMPORTANT Use form DE 3B, REPORT OF WAGES, instead of this form if: 1. You have more than seven (7) employees, OR 2. Your employees are subject to Unemployment Insurance only, OR 3. Your employees are subject to Disability Insurance only.

Table with columns: DEPT USE, SOCIAL SECURITY ACCOUNT NUMBER, EMPLOYEE NAME (First Initial, Last Name), N1. No of Wks, N2. TOTAL WAGES PAID THIS QUARTER, N3. Total of this page OR total of DE 3Bs attached



DE 3DP QUARTERLY CONTRIBUTION RETURN

ECS-01568931

QUARTER ENDED SEP. 30, 1989 DUE OCT. 1, 1989 DELINQUENT IF NOT MAILED BY OCT. 31, 1989

CHECK THIS BLOCK if corrections in name, address, or ownership are reported on the Request Form Change form - see page three

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

P1 P2 C P U S W A

Employer Account No.

216 7069 0

EFFECTIVE DATE Mo. Day Yr WIC

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

A. 1st Month 59 2nd Month 55 3rd Month 55

FEIN 13-1818723

PLEASE TYPE THIS FORM

- B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)
C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (C)
D. DISABILITY INSURANCE TAXABLE WAGES (DI) (D)
E. EMPLOYER'S UI CONTRIBUTIONS 2.00 % Times C (E)
E1. EMPLOYMENT TRAINING TAX 0.10 % Times C (.0010 TIMES LINE C) (E1)
F. EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions WITHHELD 0.90 % Times D. 1927.28 LESS (F2) This Quarter 1924.41 = (F3)
G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this Quarter 10036.57 LESS (G2) This Quarter 10036.57 = (G3)
H. ADJUSTMENT TO PRIOR QUARTERS A FORM DE 938, QUARTERLY REPORT ADJUSTMENT, MUST BE ATTACHED (H)
J. TOTAL TAXES DUE (Add Items E, E1, F3, G3 and H) (J)
J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

Table with 2 columns: Description, Amount. Values include 33643540, 2435221, 21414219, 48705, 2435, 287, 00, 51427.

K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature J.M. DeMingo Title (Owner) Accountant, Preparer, etc. Phone () Date OCT 27 1989

NOTE - IMPORTANT

Use form DE 3B, REPORT OF WAGES, instead of this form if:

- 1 You have more than seven (7) employees, OR
2 Your employees are subject to Unemployment Insurance only, OR
3 Your employees are subject to Disability Insurance only

Please check the appropriate box below:

- Individual employees' wages are reported on form DE 3B. []
Individual employees' wages are reported on magnetic media. []

Form with fields: L. SOCIAL SECURITY ACCOUNT NUMBER, M. EMPLOYEE NAME (First Initial, Last Name), N1. No. of Wks, N2. TOTAL WAGES PAID THIS QUARTER. Includes stamp: SEE ATTACHED LIST EDD.

Karl W Grosshacker Employment Tax Branch
Ray R. Matthe

N3. Total of this page OR total of DE 3Bs attached 34234599



State of California / Employment Development Department
P.O. Box 942880 / Sacramento, CA 94280-0001

DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT
INSURANCE CODE.

RECEIVED
IMPORTANT:
JUN - 6 1989
ACCOUNTING

IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST
COMPLETE AND ATTACH A FORM DE 938. DO NOT RECO
NOUNCE THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE
AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT
THE ADJUSTMENT. (SEE ITEM J1 INSTRUCTIONS.)

QUARTER ENDED JUN.30, 1989 DUE JUL.1, 1989 DELINQUENT IF NOT MAILED BY JUL.31, 1989
FEIN 13-1818723
YR 89 QTR 2

DO NOT ALTER THIS AREA

DO NOT ALTER
PREPRINTED INFORMATION

216-7069-0

P1 P2 C P U S W
Employer Account No. 216 7069 0
EFFECTIVE DATE Mo. Day Yr. WIC

2120231041

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month 59 2nd Month 59 3rd Month 58
Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)
C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000) (C)
D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 21900) (D)
E. EMPLOYER'S UI CONTRIBUTIONS 2.00 % Times C (E)
E1. EMPLOYMENT TRAINING TAX 0.10 % Times C (.0010 TIMES LINE C) (E1)
F. EMPLOYEE CONTRIBUTIONS (DI) WITHHELD 0.90 % Times D (F1) DI Employee Contributions LESS (F2) DI Previously Paid This Quarter 3078.69 = (F3)
G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD 11640.16 LESS (G1) Total PIT Withheld this Quarter (G2) This Quarter 11640.16 = (G3)
J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3) (J)
J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

40703880
8483318
34207667
169667
8483
00
00
178150

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature L. M. Adams Title (Owner) Phone () Date JUL 27 1989

NOTE - IMPORTANT	DEPT USE	K. SOCIAL SECURITY ACCOUNT NUMBER	L. EMPLOYEE NAME (First Initial Last Name)	M1. No of Wks	M2. TOTAL WAGES PAID THIS QUARTER
1. IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.			SEE ATTACHED LIST		
2. If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B, REPORT OF WAGES, to list these employees.			EDD This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.		
3. Please CHECK the appropriate box below: <input type="checkbox"/> Individual employees' wages are reported on form DE 3B. <input type="checkbox"/> Individual employees' wages are reported on magnetic media.			Ray W. Grossenbacher Employment Tax Branch Ray R. ...		

M3. Total of this page OR total of DE 3Bs attached (M3) 40703880



State of California / Employment Development Department
P.O. Box 942880 / Sacramento, CA 94280-0001

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DO NOT RECONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM J1 INSTRUCTIONS.)

DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT
INSURANCE CODE.

QUARTER ENDED MAR. 31, 1989 DUE APR. 1, 1989 DELINQUENT IF NOT MAILED BY MAY. 1, 1989

FEIN 13-1818723

YR	QTR
89	1

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

**ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017**

DO NOT ALTER THIS AREA

P1 P2 C P U S W

Employer Account No. **216 7069 0**

Mo. Day Yr. WIC

EFFECTIVE DATE

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month 58 2nd Month 58 3rd Month 58

Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ **7000**) (C)

D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ **21900**) (D)

E. EMPLOYER'S UI CONTRIBUTIONS 2.00 % Times C (E)

E1. EMPLOYMENT TRAINING TAX 0.10 % Times C **(.0010 TIMES LINE C)** (E1)

F. EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions 4207.54 LESS (F2) DI Previously Paid This Quarter 4207.54 = (F3)

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this Quarter 13899.87 LESS (G2) PIT Previously Paid This Quarter 13899.87 = (G3)

J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ (J)

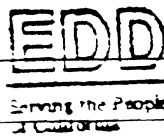
INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

480803	72
360874	27
467504	45
7217	49
36087	
-	
-	
7578	36

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature L. M. Demingo Title ASST. VICE PRES. MEDICAL BANK-AGENT Phone () Date APR 27 1989

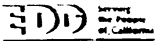
NOTE - IMPORTANT	DEPT USE	K. SOCIAL SECURITY ACCOUNT NUMBER	L. EMPLOYEE NAME (First Initial Last Name)	M1. No of Wks	M2. TOTAL WAGES PAID THIS QUARTER	
<p>IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.</p> <p>If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B, REPORT OF WAGES, to list these employees. Please CHECK the appropriate box below:</p> <p><input type="checkbox"/> Individual employees' wages are reported on form DE 3B.</p> <p><input type="checkbox"/> Individual employees' wages are reported on magnetic media.</p>			SEE ATTACHED LIST			



This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Earl W. Grossbacher
Employment Tax Branch
by Kay R. Mankie

M3. Total of this page OR total of DE 3Bs attached → **48080372**



State of California / Employment Development Department
P.O. Box 942880 / Sacramento, CA 94280-0001

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DO NOT REOPEN THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM J1 INSTRUCTIONS.)

DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT
INSURANCE CODE.

QUARTER ENDED **DEC. 31, 1988** DUE **JAN. 1, 1989** DELINQUENT IF NOT MAILED BY **JAN. 31, 1989**

FEIN **13-1818723** YR **88** QTR **4**

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

ANTI-DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

DO NOT ALTER THIS AREA

P1 P2 C P U S W

Employer Account No.
216 7069 0

Mo. Day Yr. WIC

EFFECTIVE DATE = = =

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Rem B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month **56** 2nd Month **60** 3rd Month **59**

Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ **7000**) (C)

D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ **21900**) (D)

E. EMPLOYER'S UI CONTRIBUTIONS **2.00** % Times C (E)

E1. EMPLOYMENT TRAINING TAX **0.10** % Times C (**0.0010 TIMES LINE C**) (E1)

F. EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions **1945.35** LESS (F2) DI Previously Paid This Quarter **1945.35** = (F3)

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this quarter **9871.11** LESS (G2) PIT Previously Paid This Quarter **9871.11** = (G3)

J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3) (J)

J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

330617	84
42282	40
162072	50
845	64
42	29
—	—
—	—
887	93

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature *L. M. Sumargo* Title **ASST. VICE PRES. CHEMICAL BANK-AGENT** Phone () Date **JAN 31 1989**

NOTE - IMPORTANT

1 IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.

2 If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B, REPORT OF WAGES, to list these employees.

3 Please CHECK the appropriate box below:

Individual employees' wages are reported on form DE 3B.

Individual employees' wages are reported on magnetic media

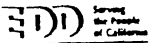
DEPT USE	K. SOCIAL SECURITY ACCOUNT NUMBER	L. EMPLOYEE NAME (First Initial, Last Name)	M1 No of Wks	M2 TOTAL WAGES PAID THIS QUARTER
		SEE ATTACHED LIST		

EDD This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Carl W. Crossbacher
Employment Tax Branch

Kay R. Mott

M3 Total of this page OR total of DE 3Bs attached (M3) **330617 84**



State of California / Employment Development Department
P.O. Box 942886 / Sacramento, CA 94280-0001

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DO NOT RECONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT THE ADJUSTMENT (SEE ITEM J1 INSTRUCTIONS.)

DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT
INSURANCE CODE.

QUARTER ENDED SEP. 30, 1988 DUE OCT. 31, 1988 DELINQUENT IF NOT MAILED BY OCT. 31, 1988

FEIN 13-1818723

YR	QTR
88	3

DO NOT ALTER THIS AREA

DEPT. USE ONLY

P1	P2	C	P	U	S	W
Employer Account No.						
216 7069 0						
EFFECTIVE DATE			Mo.	Day	Yr	WIC
=			=	=	=	

216-7069-0

DO NOT ALTER PREPRINTED INFORMATION

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month 57 2nd Month 56 3rd Month 58

Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)
(Individual Employee Wages to \$ 7000) (C)

D. DISABILITY INSURANCE TAXABLE WAGES (DI)
(Individual Employee Wages to \$ 21900) (D)

E. EMPLOYER'S UI CONTRIBUTIONS 2.00 % Times C (E)

E1. EMPLOYMENT TRAINING TAX 0.10 % Times C (E1)

F. EMPLOYEE CONTRIBUTIONS (DI)
WITHHELD 1.20 % Times D (F1) DI Employee Contributions 2893.68 LESS (F2) DI Previously Paid This Quarter 2893.68 = (F3)

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD
(G1) Total PIT Withheld this quarter 11325.06 LESS (G2) PIT Previously Paid This Quarter 11325.06 = (G3)

J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3)

J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return (J)

38884684
4218209
24113950
84364
4218
-
-
88582

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature J. M. Lemay Title ASST. VICE PRES. CHEMICAL BANK-AGENT Phone () Date OCT 27 1988

NOTE -- IMPORTANT

1 IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.

2 If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B, REPORT OF WAGES to list these employees.

3 Please CHECK the appropriate box below

Individual employees' wages are reported on form DE 3B.

Individual employees' wages are reported on magnetic media

DEPT USE	K. SOCIAL SECURITY ACCOUNT NUMBER	L. EMPLOYEE NAME First Initial Last Name	M1 No of Wks	M2 TOTAL WAGES PAID THIS QUARTER
		SEE ATTACHED LIST		
		EDD		
		Serving the People of California		
		Karl W. Grossbacher Employment Tax Branch		
		by <u>Kay R. Matthews</u>		

M3 Total of this page OR total of DE 3Bs attached → 38884684



IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DO NOT RECONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM J1 INSTRUCTIONS.)

DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT
INSURANCE CODE.

3930

QUARTER ENDED	JUN.30, 1988	DUE	JUL.1, 1988	DELINQUENT IF NOT MAILED BY	AUG.1, 1988	YR	QTR
FEIN	13-1818723					88	2

DO NOT ALTER PREPRINTED INFORMATION
40931007

216-7069-0

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

DO NOT ALTER THIS AREA

P1 P2 C P U S W

Employer Account No
216 7069 0

Mo. Day Yr WIC
= = =

EFFECTIVE DATE

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month **55** 2nd Month **60** 3rd Month **59**

Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ **7000**) (C)

D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ **21900**) (D)

E. EMPLOYER'S UI CONTRIBUTIONS **2.00** % Times C (E)

E1. EMPLOYMENT TRAINING TAX **0.10** % Times C **(.0010 TIMES LINE C)** (E1)

F. EMPLOYEE CONTRIBUTIONS (DI) WITHHELD **1.20** % Times D **3841.60** LESS **3841.60** = (F3)

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD **11063.59** LESS **11063.59** = (G3)

J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3)

J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

379231	00
80775	73
320152	10
1615	51
80	78
-	-
-	-
1696	29

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.
Signature: **L. M. Demingo** Title: **ASST. VICE PRES. CHEMICAL BANK-AGENT** Date: **JUL 26 1988**

NOTE - IMPORTANT

1 IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.

2 If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment insurance and Disability insurance, use ONLY form DE 3B, REPORT OF WAGES, to list these employees.

3 Please CHECK the appropriate box below:

Individual employees' wages are reported on form DE 3B.

Individual employees' wages are reported on magnetic media.

DEPT USE	K. SOCIAL SECURITY ACCOUNT NUMBER	L. EMPLOYEE NAME (First Initial, Last Name)	M1 No of Wks	M2. TOTAL WAGES PAID THIS QUARTER
		SEE ATTACHED LIST		
		EDD serving the people of California		
		Karl W Grossenbacher Employment Tax Branch		
		by Kay R. Matthe		

M3 Total of this page OR total of DE 3Bs attached → **379231 00**

3930

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DO NOT RECONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM J INSTRUCTIONS.)

DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

QUARTER ENDED **MAR. 31, 1988** DUE **APR. 1, 1988** DELINQUENT IF NOT MAILED BY **MAY. 2, 1988** YR. QTR. **88 1**
FEIN **13-1818723**

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

DEPT. USE ONLY

P1	P2	C	F	L	S	W
Employer Account No						
216 7069 0						
EFFECTIVE DATE		Mo.	Day	Yr	WIC	
=		=	=	=		

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month **54** 2nd Month **55** 3rd Month **55**
Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month (Enter numerals only)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

- B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B) **427715 00**
- C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ **7000**) (C) **329045 08**
- D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ **21900**) (D) **422855 71**
- E. EMPLOYER'S UI CONTRIBUTIONS **2.00** % Times C (E) **6580 91**
- E1 EMPLOYMENT TRAINING TAX **0.10** % Times C (**0.0010 TIMES LINE C**) (E1) **329 04**
- F. EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions **5074.18** LESS (F2) DI Previously Paid This Quarter **5074.18** = (F3) **0**
- G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this quarter **13097.87** LESS (G2) PIT Previously Paid This Quarter **13097.87** = (G3) **0**
- J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3) (J) **6909 95**
- J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ → (J1)

427715 00
329045 08
422855 71
6580 91
329 04
0
0
6909 95

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

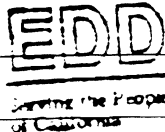
Signature **J. M. Amery** Title **ASST. VICE PRES. CHEMICAL BANK AGENTS** Phone () Date **APR 27 1988**

NOTE - IMPORTANT

- IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.
- If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B, REPORT OF WAGES, to list these employees.
- Please CHECK the appropriate box below

- Individual employees' wages are reported on form DE 3B
- Individual employees' wages are reported on magnetic tape

SEE ATTACHED LIST



This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Karl W. Greenbacher
Employment Tax Branch

by **Roger R. Matthe**

M3 Total of this page OR total of DE 3Bs attached →

(M3)

427715 00

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DO NOT RECONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE AMOUNT REMITTED WITH THIS DE SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM 1 INSTRUCTIONS.)

DE 3 QUARTERLY CONTRIBUTION RETURN
 and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

QUARTER ENDED DEC. 31, 1967 DUE JAN. 1, 1968 DELINQUENT IF NOT MAILED BY FEB. 1, 1968 YR 87 QTR 4
 FEIN 13-1816723

DO NOT ALTER THIS AREA

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216-7069-0

033032104

ANTI DEFAMATION LEAGUE
 823 UNITED NATIONS PLZ
 NEW YORK NY 10017

DEPT USE ONLY

P1	P2	C	P	U	S	W
Employer Account No.						
<u>216 7069 0</u>						
EFFECTIVE DATE		Mo.	Day	Yr.	WIC	
=		=	=	=		

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A 1st Month 54 2nd Month 76 3rd Month 67
 Enter in the boxes above the number of employees earning wages during pay periods that include the 15th day of the calendar month (Enter numerals only.)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B) 32435608

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000) (C) 2919055

D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 21900) (D) 17214336

E. EMPLOYER'S UI CONTRIBUTIONS 2.70 % Times C (E) 78815

E1. EMPLOYMENT TRAINING TAX 0.10 % Times C (E1) 2919

F. EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions 2065.71 LESS (F2) DI Previously Paid This Quarter 2065.71 = (F3) -0-

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this quarter 11232.03 LESS (G2) PIT Previously Paid This Quarter 11232.03 = (G3) -0-

J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3) (J) 81734

J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

(B)	32435608
(C)	2919055
(D)	17214336
(E)	78815
(E1)	2919
(F3)	-0-
(G3)	-0-
(J)	81734

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature L. M. DeMingo Title ASST. VICE PRES. CHEMICAL BANK-AGENT Phone () Date JAN 27 1968
 Accountant, etc. _____

NOTE - IMPORTANT

- IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.
- If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B, REPORT OF WAGES, to list these employees.
- Please CHECK the appropriate box below:
 - Individual employees wages are reported on form DE 3B.
 - Individual employees wages are reported on magnetic tape

DEPT. USE	K. SOCIAL SECURITY ACCOUNT NUMBER	L. First Initial	EMPLOYEE NAME Last Name	M. V. No.	N. TOTAL WAGES PAID THIS QUARTER
			SEE ATTACHED LIST		



This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Earl W. Grossenbacher
 Employment Tax Branch

Ray R. M...

M3. Total of this page OR total of DE 3Bs attached → 32435608



State of California / Employment Development Department
P.O. Box 942880 / Sacramento CA 94280-0001

**FORM 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT
INSURANCE CODE.**

**IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU
MUST COMPLETE AND ATTACH A FORM DE 938. DO
NOT RECONCILE THE ADJUSTMENT ON THIS DE
HOWEVER, THE AMOUNT REMITTED WITH THIS DE
SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM
INSTRUCTIONS.)**

QUARTER ENDED SEP. 30, 1987 DUE OCT. 1, 1987 DELINQUENT IF NOT MAILED BY NOV. 2, 1987
FEIN 13-1818723

YR | QTR |
87 3

DO NOT ALTER THIS AREA

DO NOT ALTER
REPRINTED INFORMATION

216-7069-0

DEPT. USE ONLY

P1	P2	C	P	U	S	W
Employer Account No.						
216 7069 0						
EFFECTIVE DATE			Mo.	Day	Yr.	WIC
=			=	=		

**ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017**

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month 57 2nd Month 57 3rd Month 60
Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

- B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)
- C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000) (C)
- D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 21900) (D)
- E. EMPLOYER'S UI CONTRIBUTIONS 2.70 % Times C (E)
- E1. EMPLOYMENT TRAINING TAX 0.10 % Times C (0.0010 TIMES LINE C) (E1)
- F. EMPLOYEE CONTRIBUTIONS (DI) WITHHELD 1.20 % Times D. (F1) DI Employee Contributions 2760.82 LESS (F2) DI Previously Paid This Quarter 2760.82 (F3)
- G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this quarter 11299.09 LESS (G2) PIT Previously Paid This Quarter 11299.09 (G3)
- J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return (J)

334686	61
43410	39
230071	81
1172	08
4341	
- 0 -	
- 0 -	
1215	49

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

L. M. Demingo

CHEMICAL BANK-AGENT

OCT 3 1987

Signature _____ Title (Owner, Accountant, etc.) _____ Phone () _____ Date _____

NOTE - IMPORTANT
1 IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B. REPORT OF WAGES, or on a format approved by the Department.
If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B. REPORT OF WAGES, to list these employees.
Please CHECK the appropriate box below:
 Individual employees' wages are reported on form DE 3B
 Individual employees' wages are reported on magnetic tape

DEPT. USE	K. SOCIAL SECURITY ACCOUNT NUMBER	L. First Initial	EMPLOYEE NAME Last Name	M1. No. of Wks.	M2. TOTAL WAGES PAID THIS QUARTER
			SEE ATTACHED LIST		
			EDD Serving the People of California		
			This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.		
			Earl W. Greenbarker Employment Tax Branch		
			by <i>Way R. ...</i>		

M3 Total of this page OR total of DE 3Bs attached (M3) **334686 61**

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DO NOT RECONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE AMOUNT REMITTED WITH THIS DE SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM J INSTRUCTIONS.)

DE 3 QUARTERLY CONTRIBUTION RETURN
 3rd REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

QUARTER ENDED JUN.30, 1987 DUE JUL.1, 1987 DELINQUENT IF NOT MAILED BY JUL.31, 1987
 FEIN 13-1818723 YR 87 QTR 2

DO NOT ALTER THIS AREA

DO NOT ALTER PREPRINTED INFORMATION

216-7069-0

ANTI DEFAMATION LEAGUE
 823 UNITED NATIONS PLZ
 NEW YORK NY 10017

DEPT USE ONLY

P1	P2	C	P	U	S	W
Employer Account No						
216 7069 0						
EFFECTIVE DATE			WIC			
Mo	Day	Yr				
=	=	=				

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month 57 2nd Month 57 3rd Month 58
 Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month (Enter numerals only)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

- B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)
- C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000) (C)
- D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 21900) (D)
- E. EMPLOYER'S UI CONTRIBUTIONS 2.70 % Times C (E)
- E1 EMPLOYMENT TRAINING TAX 0.10 % Times C (.0010 TIMES LINE C) (E1)
- F EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions 3392.56 LESS (F2) DI Previously Paid This Quarter 3392.56 = (F3) -0-
- G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this quarter 10964.59 LESS (G2) PIT Previously Paid This Quarter 10964.59 = (G3) -0-
- J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3) (J)
- J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return

33187843
8748352
28271691
236206
8748
-0-
-0-
244954

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief. JUL 24 1987

Signature: L. M. Demingo Title (Owner) ASST. VICE PRES. CHEMICAL BANK-AGENT Phone () Date JUL 24 1987

NOTE - IMPORTANT

- 1 IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.
- 2 If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B, REPORT OF WAGES, to list these employees.
- 3 Please CHECK the appropriate box below:
 - Individual employees' wages are reported on form DE 3B.
 - Individual employees' wages are reported on magnetic tape.

DEPT. USE	K. SOCIAL SECURITY ACCOUNT NUMBER	L. EMPLOYEE NAME (First Initial, Last Name)	M1. No. of Wks	M2. TOTAL WAGES PAID THIS QUARTER
		SEE ATTACHED LIST		
		EDD	This is to certify that this is a full, true and correct copy of the original documents on file with the Employment Development Department.	
		Serving the People of California	Karl W Grossenbacher Employment Tax Branch by <u>Ray P. Mank</u>	

M3. Total of this page OR total of DE 3Bs attached → (M3) 33187843

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. NOT RECONCILE THE ADJUSTMENT ON THIS DE HOWEVER, THE AMOUNT REMITTED WITH THIS DE SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM INSTRUCTIONS.)

DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT
INSURANCE CODE.

EC5-01324582

W QUARTER ENDED **MAR. 31, 1987** DUE **APR. 1, 1987** DELINQUENT IF NOT MAILED BY **APR. 30, 1987**

FEIN **13-1818723**

YR	QTR
87	1

DO NOT ALTER THIS AREA

DO NOT ALTER
PREPRINTED INFORMATION

216-7069-0

**ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017**

DEPT. USE ONLY

P1	P2	C	P	U	S	W
Employer Account No.						
216 7069 0						
EFFECTIVE DATE			Mo.	Day	Yr.	WIC
=			=	=	=	

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

A. 1st Month **52** 2nd Month **53** 3rd Month **54**

Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only.)

To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed.

- B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B)
- C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ **7000**) (C)
- D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ **21900**) (D)
- E. EMPLOYER'S UI CONTRIBUTIONS **2.70** % Times C (E)
- E1. EMPLOYMENT TRAINING TAX **0.10** % Times C (**.0010 TIMES LINE C**) (E1)
- F. EMPLOYEE CONTRIBUTIONS (DI) WITHHELD **1.20** % Times D. (F1) DI Employee Contributions **4264.96** LESS (F2) DI Previously Paid This Quarter **4256.85** = (F3) **811**
- G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (G1) Total PIT Withheld this quarter **11599.34** LESS (G2) PIT Previously Paid This Quarter **11599.34** = (G3) **- 0 -**
- J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3)
- J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. _____ INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return (J)

35812778
28330089
35541347
764912
28330
811
- 0 -
794053

BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature: **L. M. Schrage** Title: **ASST. VICE PRES. CHEMICAL BANK AGENT** Phone: () Date: **APR 24**

NOTE — IMPORTANT

- IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Department.
- If you have eight (8) or fewer employees AND you are reporting wages that are NOT subject to BOTH Unemployment Insurance and Disability Insurance, use ONLY form DE 3B, REPORT OF WAGES, to list these employees.
- Please CHECK the appropriate box below:
 - Individual employees' wages are reported on form DE 3B.
 - Individual employees' wages are reported on magnetic tape.

DEPT USE	K. SOCIAL SECURITY ACCOUNT NUMBER	EMPLOYEE NAME	M1 No of Wks	M2 TOTAL WAGES PAID THIS QUARTER
		SEE ATTACHED LIST		

EDD
Sealing the People of California
This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Karl W. Grossenbacher
Employment Tax Branch
by **Kay R. M. [Signature]**

M3. Total of this page OR total of DE 3Bs attached **35812778**

871

872

873

874

EE NAME	SSA	BR	P	WKS	A	P	WKS	A	P	WKS	A	P	WKS
LEBRAN E			S	13		S	13						
MATENO A			S	13	6,335.75	0	S	13	5,473.50	0	S	13	5,673.50
MERCER O			S	13	6,075.70	0	S	13	5,029.20	0	S	13	4,797.09
MORSE J			S	13			S	13			S	13	3,643.92
MORSE W			S	13			S	13			S	13	0.00
MULLON G			S	13	4,550.00	0	S	13	4,397.16	0	S	13	4,061.72
MASUTO M			S	13	14,928.06	0	S	13	12,795.48	0	S	13	12,170.06
MARSH K			S	13			S	13	2,977.68	0	S	13	3,975.40
MORSE C			S	13	2,924.36	0							
MORSE C			S	00	9,326.90	0	S	13	7,500.00	0	S	13	7,118.06
MULCOV G			S	13	7,729.12	0	S	13	6,624.96	0	S	07	7,376.99
EDELMA S			S	13			S	13	9,034.50	0	S	13	6,566.96
EDELMA S			S	13	10,540.25	0					S	13	8,592.90
EISEN N			S	13	5,716.62	0	S	13	4,899.96	0	S	13	6,007.61

EDD

This is to certify that this is a full, true and correct copy of the original documents on file with the Employment Development Department.

Karl W Grossenbacher
Employment Tax Branch

by *Ray R. Matthes*

6-6-8

ACCT NO 216-7069-0

87-1

87-2

87-3

87-4

EE NAME	SSA	BR	P	WKS	A	P	WKS	A	P	WKS	A	P	WKS
ESBIN M		00	S	13	5,395.81	0	S	13	4,958.34	0	S	13	2,437.50
FRANCL P		00	S	13	2,966.95	0	S	01	227.43	0			
FUTREL D		00	S	13	4,812.26	0	S	13	4,200.00	0	S	07	2,800.00
GEWIRT L		00	S	13	8,637.37	0	S	13	7,617.45	0	S	13	7,500.00
GORE M		00	S	13	4,812.50	0	S	13	4,240.59	0	S	13	4,125.00
GRAMAM J		00	S	13	2,618.45	0							
GREEN M		00	S	13			S	13	3,589.78	0	S	13	8,288.44
GREENB S		00	S	13	6,184.07	0	S	13	5,212.26	0	S	13	5,349.74
GROMER M		00	S	13	9,761.50	0	S	13	8,367.00	0	S	13	8,367.00
HANNAM C		00											
HARRIS P		00											
HILLIA D		00											
HIMLER J		00											
HIRSCH R		00	S	13	9,034.41	0	S	13	7,743.78	0	S	13	7,743.78
HOORIZ F		00	S	13	4,895.73	0	S	13	4,592.46	0	S	13	4,737.39
HOORIZ F		00											
HOWARD M		00	S	13	4,422.46	0	S	13	3,780.00	0	S	07	4,371.50
HOWELL R		00											
JOHNSO R		00	S	01	72.53	0	S	13	4,324.62	0	S	13	4,532.33
KAPLAN J		00											
KATZ E		00	S	13	5,076.87	0	S	13	4,999.98	0	S	13	3,118.71
KAUFER S		00											
KENNEC C		00	S	13	5,038.46	0	S	13	4,128.45	0	S	07	4,999.98
KLEIN P		00											
LANDEC V		00	S	13	4,892.88	0	S	13	4,565.39	0	S	07	1,281.49
LATTA J		00	S	13	5,994.94	0	S	13	5,159.33	0	S	13	442.45
LAUREN M		00	S	13	5,299.24	0	S	13	4,597.55	0	S	13	5,031.29
LEHRER D		00	S	13	18,068.75	0	S	14	15,487.50	0	S	13	5,069.43
LEVIN R		00											
LEVINE P		00											
LIGHT J		00											
LIGHT J		00	S	13	7,291.62	0	S	13	6,249.96	0			
LIGHT J		00											
LIGHT J		00											
LICK M		00											
MANDEL J		00											
MACLUS M		00	S	13	3,313.08	0	S	13	6,731.26	0	S	13	3,076.92
MOLK S		00											
NEBEKE J		00	S	13	4,812.50	0	S	13	708.33	0	S	13	4,537.22
ORA I		00											
ORRHO I		00	S	13	4,217.80	0	S	07	4,125.00	0	S	13	4,125.00
PEPPER L		00	S	13	8,750.00	0	S	13	193.83	0			
PETERS P		00											
RIMEY D		00	S	13	4,387.50	0	S	13	7,500.00	0	S	13	3,076.90
ROGWE D		00											
ROSEW L		00	S	13	5,972.20	0	S	13	4,624.98	0	S	13	3,824.96
ROSENT B		00	S	13	8,775.41	0	S	13	5,071.26	0	S	13	5,071.26
ROSLER F		00	S	13	4,247.47	0	S	13	7,521.78	0	S	13	7,521.78
ROTHWE D		00	S	13	5,395.81	0	S	13	3,627.69	0	S	13	3,627.69
SAMPSON A		00	S	13	4,200.00	0	S	13	4,209.90	0	S	13	3,623.74
SAMUEL S		00	S	13	17,491.25	0	S	13	4,539.29	0	S	13	4,209.90
SATHAR S		00	S	13	7,424.99	4	S	13	14,982.50	0	S	13	14,982.50
SATHAR S		00											

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This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Karl W. Grossenbacher
Employment Tax Branch

by *Kay R. Matthews*

