EXHIBIT J

A.D.L. STATE TAX RECORDS
**STATE OF CALIFORNIA / EMPLOYMENT DEVELOPMENT DEPARTMENT**

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

**DE 3DP QUARTERLY CONTRIBUTION RETURN**

- **QUARTER ENDED:** DEC. 31, 1992
- **DUE:** JAN. 1, 1993
- **EFFECTIVE DATE:** DEC. 31, 1992
- **DUE:** JAN. 1, 1993

---

**I. FEIN:** 13-1818723

**II. TOTAL SUBJECT WAGES PAID THIS QUARTER**

- **C:** Unemployment Insurance Taxable Wages (U/I)
  - Personal Wages to $7,000 per calendar year
- **D:** Disability Insurance Taxable Wages (D/I)
  - Personal Wages to $31,767 per calendar year

**III. EMPLOYER'S U/I CONTRIBUTIONS:**

- **E:** Employer's Contributions
  - 2.30% times C

**IV. EMPLOYMENT TRAINING TAX:**

- **F:** Employee Contributions
  - 0.10% times C

**V. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD:**

- **G:** Total PIT Withheld
  - 11,976.68

---

**VI. ADJUSTMENT TO PRIOR QUARTERS**

- **H:** DE 938. QUARTERLY REPORT ADJUSTMENT FORM MUST BE ATTACHED

---

**VII. TOTAL TAXES DUE:**

- **I:** Total Taxes Due (Add Items E, E1, F3, G3 and H)
- **J:** 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:**

- **ASST. SECRETARY:**
  - **DATE:** JAN 29 1993

**NOTE - IMPORTANT**

- **USE FORM DE 38, REPORT OF WAGES, INSTEAD OF THIS FORM IF:**
  1. You have more than seven (7) employees.
  2. Your employees are subject to Unemployment Insurance only or

---

**ATTACHMENTS:**

- **Social Security Account Number:** 000-00-0000
- **Employee Name:** John Doe
- **Date:** JAN 29 1993

---

**SIGNATURE:**

- **MA. [Signature]**

---

**N3:** This is to certify that this is a true, correct copy of the original document on file with the Employment Development Department.

- **Karl W. Grossenbacher**
  - **Employer's Tax Branch**
  - **Signature:** Kay R. Martin

---

**TOTAL VARIOUS PAY APPROXIMATE TOTAL:**

- **J:** $55,407
DE 3DP QUARTERLY CONTRIBUTION RETURN

State of California / Employment Development Department
P.O. Box 826847, Sacramento, CA 94247-0001

PLEASE TYPE THIS FORM

QUARTER ENDED SEP 30, 1992 DUE OCT 1, 1992

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
PREPRINTED INFORMATION

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 1st Month 2nd Month

55 52 53

B. TOTAL SUBJECT WAGES PAID THIS QUARTER

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)

Individual Employee Wages to $ 7000 per calendar year

D. DISABILITY INSURANCE TAXABLE WAGES (DI)

Individual Employee Wages to $ 31767 per calendar year

E. EMPLOYER'S UI CONTRIBUTIONS

2% Times C

F. EMPLOYMENT TRAINING TAX

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H. ADJUSTMENT TO PRIOR QUARTERS

A DE 936 QUARTERLY REPORT ADJUSTMENT FORM MUST BE ATTACHED

J. TOTAL TAXES DUE (Add Items E, F, G and H)

Make check payable to Employment Development Department Bank No.

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 ___________________________ 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.

3. Your employees are subject to Disability Insurance only

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

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

Karl W. Grewenbacher
Employment Tax Branch

Hay R. Mattos

Day Yr

56840501

2896690

37860080

66624

2897

69521

OCT 28 1992

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. Grewenbacher
Employment Tax Branch

Hay R. Mattos
<table>
<thead>
<tr>
<th>ITEM</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEIN</td>
<td>13-1816723</td>
</tr>
<tr>
<td>TOTAL SUBJECT WAGES PAID THIS QUARTER</td>
<td>42405037</td>
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<td>UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) per calendar year</td>
<td>1807188</td>
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<td>INDIVIDUAL EMPLOYEE WAGES TO $7000</td>
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<td>DISABILITY INSURANCE TAXABLE WAGES (DI) per calendar year</td>
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<tr>
<td>INDIVIDUAL EMPLOYEE WAGES TO $31767</td>
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<td>EMPLOYER'S UI CONTRIBUTIONS</td>
<td>1807</td>
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<td>EMPLOYEE CONTRIBUTIONS (DI)</td>
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<td>CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD</td>
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<td>1807</td>
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<td>TOTAL TAXES DUE</td>
<td>42373</td>
</tr>
</tbody>
</table>

**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 OR

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

Signature: ____________________________

Date: ____________________________
# DE 3DP QUARTERLY CONTRIBUTION RETURN

**State of California / Employment Development Department**

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

**PLEASE TYPE THIS FORM**

**Employer's Copy**

**DEPARTMENT**

 FEIN 13-262972C

**DATE: 4-1-1993**

**FED-ID-NUM 131818723**

**ANTI-DEFAMATION LEAGUE OF BNAI BRITH**

823 UNITED NATIONS PLAZA

NEW YORK, NY 10017

---

**H. QUARTER ENDED**

- **Mar. 31, 1993**

**NOT PCSTMARKED OR RECEIVED BY**

- **APR. 20, 1993**

---

**B. TOTAL SUBJECT WAGES PAID THIS QUARTER**

- **(B) 48972587**

**C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)**

- **(C) 36280337**

- **(D) 48972587**

**D. DISABILITY INSURANCE TAXABLE WAGES (DI)**

- **(D) 36280337**

---

**E. EMPLOYER'S UI CONTRIBUTIONS**

- **(E) 834948**

**F. EMPLOYEE CONTRIBUTIONS (DI)**

- **(F) 0000**

---

**G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD**

- **(G) 00**

**H. ADJUSTMENT TO PRIOR QUARTERS**

- **(H) 870728**

**J. TOTAL TAXES DUE**

- **(J) 870728**

Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No.

IN Children Employer ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.

---

**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.

---

**K. BEGINS ON THIS PAGE:**

I DECLARE that the information therein is true and correct to the best of my knowledge and belief.

Signature/Identification (EIN/SSN/TIN/Name)

Accountant/Preparer, Inc.

---

**ATTACH LIST**

This is a true, complete, and correct copy of the original document on file with the Employment Development Department.

By /s/ [Signature]

Kari W. Groseclose

Employment Tax Branch

[Signature]

[Date]

---

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

---

[Signature]

[Date]
**DE 3DP QUARTERLY CONTRIBUTION RETURN**

**State of California / Employment Development Department**

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

**DE 3DP QUARTERLY CONTRIBUTION RETURN**

**State of California**

**Employment Development Department**

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

**DE 3DP QUARTERLY CONTRIBUTION RETURN**

**Quartet Ended: DEC 31, 1991**

**Due: JAN 1, 1992**

**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**

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

**ANTI DEFAMATION LEAGUE**

**823 UNITED NATIONS PLZ**

**NEW YORK NY 10017**

**DEPARTMENT USE ONLY**

**EFFECTIVE DATE**

<table>
<thead>
<tr>
<th>Mo.</th>
<th>Day</th>
<th>Yr.</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE TYPE THIS FORM**

**B. TOTAL WAGES IN SUBJECT EMPLOYMENT**

**C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)**

(Individual Employee Wages to $7,000)

**D. DISABILITY INSURANCE TAXABLE WAGES (DI)**

(Individual Employee Wages to $31,767)

**E. EMPLOYER'S UI CONTRIBUTIONS**

1.80 % Times C

**E1. EMPLOYMENT TRAINING TAX**

0.10 % Times C

**F. EMPLOYEE CONTRIBUTIONS (DI)**

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. DECLARE that the information herein is true and correct to the best of my knowledge and belief.**

**Signature: [signature]**

**Phone: [phone number]**

**JAN 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 appropriate box below.

Individual employees wages are reported on form DE 3B

Individual employees wages are reported on magnetic media

**N1. TOTAL WAGES PAID THIS QUARTER**

**N2. TOTAL WAGES PAID THIS QUARTER**

**SEE ATTACHED LIST**

**EDD**

**Serving the People of California**

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

**Karl W. Groothood**

**Employment Development Department**

**413623 94**
DE 3Dp Quarterly Contribution Return

Date: SEP 30, 1991

Employer Account No: 216 7069 0

State of California
Employment Development Department
P.O. Box 826847, Sacramento, CA 94247-0001

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 x Times C
F. Employee Contributions (DI) Withheld
   0.10 x Times C
G. California Personal Income Tax (PIT) Withheld
   0.10 x Times Line C
H. Adjustment to Prior Quarters
   A Form DE 938, Quarterly Report Adjustment, Must Be Attached
J. Total Taxes Due

Delinquent if not postmarked or received by OCT 31, 1991

Do not alter this area

Employer: Anti Defamation League
623 United Nations Plz
New York NY 10017

Effective Date: 10-29-90

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: 13-1810723

SIGNED

Note:

Use Form DE 38, 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.

Jot check the appropriate box now:
Individual employees wages are printed on form DE 38
Individual employees wages are printed on magnetic media

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: Lawrence Fredericks

Make check payable to Employment Development Department Bank No.

Include employer account number on your check. Do not staple check to return.

ASSIST. VICE PRES.

CALIFORNIA BANK (432)

NOTE - IMPORTANT

Use form DE 38, 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.

Jot check the appropriate box now:
Individual employees wages are printed on form DE 38
Individual employees wages are printed on magnetic media

N3: This is page 0 or 1 of DE 38 attached

See Attached List
**DE 3DP QUARTERLY CONTRIBUTION RETURN**

**State of California / Employment Development Department**

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

**DO NOT ALTER THIS AREA**

**Employer Account No.**

216-7069-0

**ANTl DEFAMATION LEAGUE**

823 UNITED NATIONS PLZ

NEW YORK NY 10017

**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

**F. EMPLOYEE CONTRIBUTIONS (DI)**

0.10% Times C

**G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD**

(0010 TIMES LINE C)

**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)

**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]

**Phone**

[Phone]
### DE 3DP QUARTERLY CONTRIBUTION RETURN

**State of California / Employment Development Department**

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

**Employer Account No.** 216-7069-0

**Employee Account No.** 0010 TIMES LINE C

**FEIN** 13-1818723

**Delinquent if not postmarked or received by APR. 30, 1991**

#### PLEASE TYPE THIS FORM

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<tr>
<th>B. Total Wages in Subject Employment</th>
<th>(B)</th>
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<tr>
<td>C. Unemployment Insurance Taxable Wages (UI)</td>
<td>(C)</td>
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<tr>
<td>(Individual Employee Wages to $ 7000)</td>
<td></td>
</tr>
<tr>
<td>D. Disability Insurance Taxable Wages (DI)</td>
<td>(D)</td>
</tr>
<tr>
<td>(Individual Employee Wages to $ 31767)</td>
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</tr>
<tr>
<td>E. Employer's UI Contributions</td>
<td>(E)</td>
</tr>
<tr>
<td>F. Employee Training Tax</td>
<td>(E1)</td>
</tr>
<tr>
<td>G. California Personal Income Tax (PIT) Withheld</td>
<td>(E2)</td>
</tr>
<tr>
<td>H. Adjustment to Prior Quarters</td>
<td>(E3)</td>
</tr>
<tr>
<td>J. Total Taxes Due (Add Items E, E1, F3, G3 and H)</td>
<td>(J)</td>
</tr>
</tbody>
</table>

**Effective Date**

- **Mo.** ______
- **Day** ______
- **Yr.** ______

**Gross Payroll**

- **Employee Name in This Quarter**
- **Social Security Account Number**

**See Attached List**

**Envelopes with a Postmark**

- **Workstations with a Postmark**
- **Telephone Numbers**

**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**

**Title, Owner, President, EDD**

**Phone** (____)

**APR 26 1991**

**Note**

- Use form DE 38, 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

**N3 Total of this page or total of DE 3Bs attached**

**N1 N2. Total Wages Paid This Quarter**

**401802 87**

**339854 23**

**401802 87**

**61173**

**33986**

**00**

**645723**
**DE 3DP QUARTERLY CONTRIBUTION RETURN**

**State of California / Employment Development Department**

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

**Serving the People of California**

**QUARTER ENDED DEC. 31, 1990 DUE JAN. 31, 1991**

**DEPARTMENT USE ONLY**

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**Effective Date**

**Employer Account No.**

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**ANTI DEFAMATION LEAGUE**

**823 UNITED NATIONS PLZ**

**NEW YORK NY 10017**

**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. EMPLOYMENT TRAINING TAX**

<table>
<thead>
<tr>
<th>EMPLOYEE CONTRIBUTIONS</th>
<th>TIMES C</th>
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<tbody>
<tr>
<td>0.80 %</td>
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**F. EMPLOYEE CONTRIBUTIONS (DI)**

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<th>EMPLOYEE CONTRIBUTIONS</th>
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**G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD**

<table>
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<th>TOTAL PIT WITHHELD THIS QUARTER</th>
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<tbody>
<tr>
<td>11070.88</td>
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</tbody>
</table>

**H. ADJUSTMENT TO PRIOR QUARTERS**

**A FORM DE 536, QUARTERLY REPORT ADJUSTMENT, MUST BE ATTACHED**

**J. TOTAL TAXES DUE**

(Add items E.1, F.1, G.1 and H)

**J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT**

**Bank No.**

**INCLUD ENLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return**

**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.

**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**

**Date**

**Include Employer Account Number on Your Check. Do not staple check to return.**

**DEP’t**

**Title**

**Phone**

**Social Security Account Number**

**First Initial**

**Employee Name**

**N1**

**N2. TOTAL WAGES PAID THIS QUARTER**

**SEE ATTACHED LIST**

**Karl W. Geeschenacker**

**Employment Tax Branch**

**Kay P. Modell**

**NOTE: See attached DE 3B.**

**PAGE 0010 TIMES LINE C**

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**JAN 28 1991**

**36130703**

**35972**

**34078**

**1894**

**19156222**

**18932411**

**36130703**
**DE 3DP QUARTERLY CONTRIBUTION RETURN**

**State of California / Employment Development Department**

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

**SERVING THE PEOPLE OF CALIFORNIA**

**DE 3DP QUARTERLY CONTRIBUTION RETURN**

**QUARTER ENDED SEP. 30, 1990 DUE OCT. 1, 1990**

**DO NOT ALTER THIS AREA**

**Employer Account No.**

**216 7069 0**

**EFFECTIVE DATE**

<table>
<thead>
<tr>
<th>Mo.</th>
<th>Day</th>
<th>Yr</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**DELINQUENT IF NOT POSTMARKED OR RECEIVED BY OCT. 31, 1990**

**YOU MUST FILE THIS RETURN EVEN THOUGH YOU HAD NO PAYROLL THIS QUARTER. IF YOU HAD NO PAYROLL SHOW "0" IN ITEM B.**

**ENTER CHECK MARK ON BLOCK ON THE RETURN ENVELOPE AND SIGN THE DECLARATION ON PAGE 3.**

**FEIN 13-1818723**

**PLEASE TYPE THIS FORM**

**A.**

<table>
<thead>
<tr>
<th>1st Month</th>
<th>2nd Month</th>
<th>3rd Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>57</td>
<td>58</td>
</tr>
</tbody>
</table>

**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 |

**F. EMPLOYMENT TRAINING TAX**

| 0.10 | % Times C |

**G. EMPLOYEE CONTRIBUTIONS (DI)**

- Employee Contributions

**H. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD**

- Total PIT Withheld this Quarter

**I. AJUSTMENT TO PRIOR QUARTERS**

**J. TOTAL TAXES DUE (Add items E, F, G and H)**

**K. BE SURE TO SIGN THIS DECLARATION AND DECLARE THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No.**

**INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. DO NOT STAPLE CHECK TO RETURN.**

**N3. Total of this page or total of DE 3B's attached**

**ATTACHED LIST**

**EDD**

** Legislature of the State of California**

**Randy R. Martin**

**Employment Tax Branch**

**OCT 2 5 1990**

**NOTE - IMPORTANT**

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

1. You have more than seven (7) employees.

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

**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.**

**Kari W. Gundershofer**

**Employment Tax Branch**

**Phone:**

**Date:**

**OCT 2 5 1990**

**NOTE - IMPORTANT**

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

1. You have more than seven (7) employees.

2. Your employees are subject to Unemployment Insurance only OR

3. Your employees are subject to Disability Insurance only.

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

- Individual employees' wages are reported on magnetic media

**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.**

**Kari W. Gundershofer**

**Employment Tax Branch**

**Phone:**

**Date:**

**OCT 2 5 1990**

**NOTE - IMPORTANT**

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

1. You have more than seven (7) employees.

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

**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.**

**Kari W. Gundershofer**

**Employment Tax Branch**

**Phone:**

**Date:**

**OCT 2 5 1990**

**NOTE - IMPORTANT**

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

1. You have more than seven (7) employees.

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

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**Employment Tax Branch**

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3. Your employees are subject to Disability Insurance only.

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- Individual employees' wages are reported on magnetic media

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**Employment Tax Branch**

**Phone:**

**Date:**

**OCT 2 5 1990**

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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

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**Kari W. Gundershofer**

**Employment Tax Branch**

**Phone:**

**Date:**

**OCT 2 5 1990**

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1. You have more than seven (7) employees.

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

**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.**

**Kari W. Gundershofer**

**Employment Tax Branch**

**Phone:**

**Date:**

**OCT 2 5 1990**
State of California / Employment Development Department
P.O. Box 826847, Sacramento, CA 94247-0001

DE 3DP QUARTERLY CONTRIBUTION RETURN

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.

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)
   WITHHOLD 0.90 % Times D
   (F1) Di Employee Contributions

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD
   13610.12

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 certify that the information herein is true and correct to the best of my knowledge and belief.

Signature __________________________ Title __________________________
Owner Accountant Preparer, etc.

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

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

444941 58
### DE 3DP Quarterly Contribution Return

**Quarter Ended:** MAR. 31, 1990
**Due:** APR. 1, 1990

**Employer Account No.:** 216-7069-0

**DEPARTMENT USE ONLY**

**Employee Name:**
- **First Initial:** M.
- **Last Name:** Pelleghini
- **FEIN:** 13-1818123

**Effective Date:**
- **Month:** 58
- **Day:** 59
- **Year:** 1990

**PLEASE TYPE THIS FORM**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>Total Wages in Subject Employment</td>
<td>455,998.91</td>
</tr>
<tr>
<td>C.</td>
<td>Unemployment Insurance Taxable Wages (UI)</td>
<td>371,261.23</td>
</tr>
<tr>
<td>D.</td>
<td>Disability Insurance Taxable Wages (DI)</td>
<td>455,998.91</td>
</tr>
<tr>
<td>E.</td>
<td>Employer's UI Contributions</td>
<td>6682.70</td>
</tr>
<tr>
<td>F.</td>
<td>Total Taxes Due (Add Items E, E1, F3 G3 and H)</td>
<td>7053.96</td>
</tr>
</tbody>
</table>

**Signature:**

Lorenzo Pelleghini

**Title:** President

**Phone:** APR 26 1990

**Date:** APR 26 1990

**Note:** 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

**ATTACHED LIST:**

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

Kar B. Greenhut
Employment Tax Branch

**Date:** APR 26 1990

**Total Wages Paid This Quarter:** 4,638,820.00

**Total of this page OR total of DE 3Bs attached:** N3.
DE 3DP QUARTERLY CONTRIBUTION RETURN

QUARTER ENDED: DEC. 31, 1989
DUE: JAN. 1, 1990

DEPARTMENT USE ONLY

ANALYSIS LEAGUE
823 UNITED NATIONS PLZ
NEW YORK, NY 10017

P.O. BOX 942847, SACRAMENTO, CA 94247-0001

DEPARTMENT OF LABOR

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 $ 21900)
E. EMPLOYER'S UI CONTRIBUTIONS
   2.00 % Times C

E1. EMPLOYMENT TRAINING TAX
F. EMPLOYEE CONTRIBUTIONS (DI)
   (F1) DI Employee Contributions
   (F2) DI Employer Paid
G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD
   (G1) Total PIT Withheld this Quarter
   (G2) DI Employer Paid
   (G3) DI Employee Paid

H. ADJUSTMENT TO PRIOR QUARTERS
   A FORM DE 938, QUARTERLY REPORT ADJUSTMENT, MUST BE ATTACHED

J. TOTAL TAXES DUE (Add Items E, E1, F, G, and H)

J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT
INCLUD 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

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.

N3. Total of this page OR total of DE 3B's attached

DE 3DP REV 12/1/89
### DE 3DP Quarterly Contribution Return

**Quarters Ended**: SEP 30, 1989

**Due Date**: OCT 1, 1989

**Check this block if corrections in name, address, or ownership are reported on the Request For Change form — see page three**

**Mail to**: Employment Development Department

**Address**: 200 Marina View Drive

**City**: Sacramento

**State**: CA

**Zip Code**: 94247

- **Check Box**: 1

**Anti Defamation League**

623 United Nations Plaza

New York, NY 10017

---

**Employer Account No.**: 216-7069-0

**Effective Date**: 5/9/89

**Check**

- **Employer's UI Contributions**: $336435.40
- **Employee Contributions**: $24352.21
- **Disability Insurance Taxable Wages**: $214142.19
- **Total Wages in Subject Employment**: $38,070.65
- **Total Taxes Due**: $287

**Adjustment to Prior Quarters**

- **Total of this page or total of DE 3Bs attached**: 342345.99

---

**Form Used**: DE 3DP

**Employer**: [Name]

**Phone**: [Number]

**Date**: [Date]

---

**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:
  - Individual employees' wages are reported on form DE 3B
  - Individual employees' wages are reported on magnetic media

---

**State of California Employment Development Department**

P.O. Box 942847, Sacramento, CA 94247-0001
DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

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

QUARTER ENDED JUL 30, 1989 DUE JUL 1, 1989

FEIN 13-1818723

DEPT USE ONLY

ANIT DEFAMATION LEAGUE
823 UNITED NATIONS PLAZ
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 box on the return envelope and sign the declaration at the bottom of the return.

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

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

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

E. EMPLOYER'S UI CONTRIBUTIONS

F. EMPLOYEE CONTRIBUTIONS

G. CALIFORNIA PERSONAL INCOME TAX (PT) WITHHELD

J. TAXES DUE THIS QUARTER (Add Items E, F, and G)

J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. 1 4 (J)

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

SIGNATURE — IMPORTANT

1. IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 38, 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 38. REPORT OF WAGES, to list these employees.

3. Please CHECK the appropriate box below:
   - individual employees' wages are reported on form DE 38.
   - individual employees' wages are reported on magnetic media.

NOTE: IMPORTANT

IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, 1st ALL employees on form DE 38, REPORT OF WAGES, or on a format approved by the Department.

DEP'T USE ACCOUNT NUMBER

SOCIAL SECURITY ACCOUNT NUMBER

FIRST INITIAL LAST NAME

M1: No. of W

M2: TOTAL WAGES PAID

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

DEP'T RE: 11-80

JUL 2 7 1989

NOTE — IMPORTANT

1. IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 38, REPORT OF WAGES, or on a format approved by the Department.

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3. Please CHECK the appropriate box below:
   - individual employees' wages are reported on form DE 38.
   - individual employees' wages are reported on magnetic media.

NOTE: IMPORTANT

IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 38, REPORT OF WAGES, or on a format approved by the Department.

DEP'T USE ACCOUNT NUMBER

SOCIAL SECURITY ACCOUNT NUMBER

FIRST INITIAL LAST NAME

M1: No. of W

M2: TOTAL WAGES PAID

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

DEP'T RE: 11-80

JUL 2 7 1989

NOTE — IMPORTANT

1. IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 38, REPORT OF WAGES, or on a format approved by the Department.

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3. Please CHECK the appropriate box below:
   - individual employees' wages are reported on form DE 38.
   - individual employees' wages are reported on magnetic media.
# DE 3 Quarterly Contribution Return and Report of Wages Under the Unemployment Insurance Code

**Employee Name:**
- **Last Name:** L.
- **First Name:** M.

**DEPT K: Social Security Use Account Number:** 13-1818723

**Anti Defamation League**
- **823 United Nations Plz**
- **New York, NY 10017**

**Important:** If you need to adjust a prior quarter, you must complete and attach a Form DE 938. Do not record the adjustment on this DE 3. However, if you report more than eight (8) employees, you must list all employees on the report form. If you report less than eight employees and the wages are not subject to both Unemployment Insurance and Disability Insurance, use only Form DE 3B, Report of Wages.

### Quarterly Information
- **Quarter Ended:** MAR 31, 1989
- **Due:** APR 1, 1989
- **FEIN:** 13-1818723
- **DO NOT ALTER PREPRINTED INFORMATION:** 216-7069-0

### Employer Account Number
- **No.:** 216 7069 0

**DEP USE ONLY**

<table>
<thead>
<tr>
<th>Mo. Day Yr.</th>
<th>Wk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>

**Effective Date:**
- **480 803 72**
- **360 874 27**
- **467 504 45**
- **721 749**
- **757 836**

**Employer's UI Contributions:**
- **2.00 %**
- **0.10 %**
- **0.90 %**

### Quarterly Contributions
- **Employee Contributions (DI):** (F1) (F2) (F3) (F4)
- **Employer Contributions (DI):** (F1) (F2) (F3) (F4)
- **Employee Contributions (UI):** (E1) (E2) (E3) (E4)
- **Employer Contributions (UI):** (E1) (E2) (E3) (E4)
- **California Personal Income Tax (PIT):** (G1) (G2) (G3)
- **Taxes Due This Quarter:** (J1) (J2) (J3) (J4)

**Make check payable to:**
- **Employment Development Department Bank No.:**
- **Include Employer Account Number on your check.**

**Anti Defamation League**
- **823 United Nations Plz**
- **New York, NY 10017**

**Signature:**
- **L. M. Demange**
- **Owner, President**

**Important:**
- **NOTE: Important:** If you have more than eight (8) employees, list all employees on Form DE 3B, Report of Wages, or on a form 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:
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  - Individual employees' wages are reported on magnetic media.
**DE 3 QUARTERLY CONTRIBUTION RETURN**

**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.)

---

**Quarter Ended:** Dec 31, 1988  
**Due:** Jan 1, 1989  
**FEIN:** 13-1818123  
**P.O. Box 808080, Sacramento, CA 94280-0001**

**Delinquent if not mailed by:** Jan 31, 1989

---

**Anti-Defamation League**  
**823 United Nations Plz**  
**New York, NY 10017**

---

**Employer Account No.:** 216-7069-0

---

**DEP. USE ONLY**

---

**Effective Date:**  
Month: 56  
Day: 60  
Year: 59

---

**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:**

**C. Unemployment Insurance Taxable Wages (UI):**

<table>
<thead>
<tr>
<th>Individual Employee Wages $9000</th>
</tr>
</thead>
</table>

**D. Disability Insurance Taxable Wages (DI):**

<table>
<thead>
<tr>
<th>Individual Employee Wages $21900</th>
</tr>
</thead>
</table>

**E. Employer's UI Contributions:**

- 0.00% Times C = 33061784
- 0.10% Times C = 4228240
- 1.20% Times D = 16209250
- **84564**

**E1. Employment Training Tax:**

- 0.10% Times C (0.0010 TIMES LINE C) = 4229

**F. Employee Contributions (DI):**

- Withheld 1.20% Times D = 1945.35
- Less 1945.35 = -

**G. California Personal Income Tax (PT) Withheld:**

- Total PT Withheld this quarter = 9871.11
- Less 9871.11 = -

**J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No.:**

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

---

**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. **Title:** RST. VICE PRES.  
**State Social Security Employer Name:**  
**Account:**  
**Phone:** ( )  
**Date:** JAN 31 1989

---

**NOTEashire**

1. **If you have more than eight (8) employees: List all employees on Form DE 3B, Report of Wages, or in 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.

---

**M3 Total of this page or total of DE 3B's attached:**

**33061784**

---

**ATTACHED LIST**

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

**Signature:** Kay R. Matthews  
**Title:** Employment Tax Analyst
DE 3 QUARTERLY CONTRIBUTION RETURN

and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

QUARTER ENDED SEP. 30, 1988
FEIN 13-1818723

DEMOCRATIC 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.

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

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)
   (Individual Employee Wages to $ 7000) $ 3884684

D. DISABILITY INSURANCE TAXABLE WAGES (DI)
   (Individual Employee Wages to $ 21900) 421139.50

E. EMPLOYER'S UI CONTRIBUTIONS 2.00% Times C

E1. EMPLOYMENT TRAINING TAX .010% Times C

F. EMPLOYEE CONTRIBUTIONS (DI)
   WITHHELD 1.20% Times D 2893.68

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHOLD
   (G1) Total PIT Withheld this quarter 11345.06

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

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

NOTE - IMPORTANT

1. IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 38, 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 38, REPORT OF WAGES to list these employees.

3. Please CHECK the appropriate box below:
   a. Individual employees' wages are reported on form DE 38
   b. Individual employees' wages are reported on magnetic media.

4. Do not alter this area.
DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

**Quarter Ended:** JUN-30, 1988
**Due:** JUL-1, 1988
**Delinquent if not mailed by:** AUG-1, 1988

**FEIN (Federal Employer Identification Number):** 13-1816723
**Employer Account No:** 216-7069-0

**Effective Date:**
- **Mo:**
- **Day:**
- **Yr:**
- **WIC:**

**P1** **P2** **P3** **P4** **P5** **P6** **P7** **P8** **P9**

**Employee Name:**
- First Initial
- Last Name

**DEP. USE ONLY**

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

**B.**
- **TOTAL WAGES IN SUBJECT EMPLOYMENT:** 379,231.00
- **UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI):**
  - (Individual Employee Wages to $ 7,000): 384,760.00
  - (Individual Employee Wages to $ 21,900): 80,775.73
- **DISABILITY INSURANCE TAXABLE WAGES (DI):**
  - (Individual Employee Wages to $ 21,900): 320,152.10
- **EMPLOYER'S UI CONTRIBUTIONS:** 16,155.10
- **EMPLOYMENT TRAINING TAX:** 80,78

**C.**
- **TOTAL WAGES PAID:** 11,963.59
- **CA PERSONAL INCOME TAX (PIT) WITHHELD:**
  - (G1): 384,760.00
  - (G2): 80,775.73

**D.**
- **TAXES DUE THIS QUARTER:**
  - (Add Items E, E1, F3, and G3): 16,963.59

**J1.** Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No: 1

**Note:**
- 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.)**

**ATTACHED LIST:**

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

**Signature:** L. M. DeSanto
**Title:** Assistant Vice President Chemical Bank Agent
**Phone:**

**Total of this page or total of DE 3s attached:** 379,231.00
DE 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 J INSTRUCTIONS.)

H QUARTER ENDED MAR. 31, 1988 DUE APR. 19, 1988
FEIN 13-1818723

DO NOT ALTER THIS AREA

MUST COMPLETE AND ATTACH A FORM DE 938.

DO NOT RECONCILE THE ADJUSTMENT ON THIS DE.

DE NOT QUARTERLY CONTRIBUTION RETURN HOWEVER, THE AMOUNT REMITTED WITH THIS DE AND REPORT OF WAGES UNDER THE UNEMPLOYMENT SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM J INSTRUCTIONS.)

M3 Total of this page OR total of DE 3Bs attached
I 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 QUARTERLY CONTRIBUTION RETURN HOWEVER THE AMOUNT REMITTED WITH THIS DE SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM INSTRUCTIONS.)

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
   (Individual Employee Wages to $ 7000)

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)
   (Individual Employee Wages to $ 21900)

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

E. EMPLOYER'S UI CONTRIBUTIONS
   2 70 \% Times C

F. EMPLOYEE CONTRIBUTIONS (DI)
   0 10 \% Times C

G. CALIFORNIA PERSONAL INCOME TAX (PT) WITHHELD
   1 20 \% Times D

H. TAXES DUE THIS QUARTER
   (Add Items E, F, G, and H)

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

K. SOCIAL SECURITY ACCOUNT NUMBER

L. Employee Name

M. TOTAL WAGES PAID THIS QUARTER

---

DE 3 DP REV 10-12-85

32435608

[Signature]

[Date] 1/27/1988

SEE ATTACHED LIST
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 QUARTERLY CONTRIBUTION RETURN HOWEVER, THE AMOUNT REMITTED WITH THIS DE AND REPORT OF WAGES UNDER THE UNEMPLOYMENT SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM 6, INSTRUCTIONS.)

M QUARTER ENDED SEP. 30, 1987 DUE OCT. 1, 1987
FEIN 13-1818723

DO NOT ALTER THIS AREA

DEPARTMENT OF EMPLOYMENT DEVELOPMENT
STATE OF CALIFORNIA
PO BOX 92800 / 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 QUARTERLY CONTRIBUTION RETURN HOWEVER, THE AMOUNT REMITTED WITH THIS DE AND REPORT OF WAGES UNDER THE UNEMPLOYMENT SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM 6, INSTRUCTIONS.)

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item 8. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return.

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
C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (U)
   (Individual Employee Wages to $ 7000)
D. DISABILITY INSURANCE TAXABLE WAGES (D)
   (Individual Employee Wages to $ 21900)
E. EMPLOYER'S UI CONTRIBUTIONS
   2.70 % Times C
F. EMPLOYEE CONTRIBUTIONS
   0.10 % Times C (0.0010 TIMES LINE C) (F1)
   (F2) Previously Paid This Quarter
   (F3) Previously Paid this Quarter
G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD
   (G1) Total PIT Withheld this quarter
   (G2) Previously Paid this quarter
   (G3) Less
J. TAXES DUE THIS QUARTER (Add Items E, F, F, and G)
J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No.
   Do not staple check to return

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

Signature

NOTE 1 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

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

DE 3B REV. 10 (12-85)
### DE 3 QUARTERLY CONTRIBUTION RETURN

**Purpose:** To report wages and taxes under the Unemployment Insurance Code.

**Form Details:**
- **FEIN:** 13-1818723
- **Issued By:** ANTI SPOFATION LEAGUE
- **Address:** 823 UNITED NATIONS PLZ, NEW YORK, NY 10017

**Instructions:**
- **Do not alter preprinted information.**
- **Do not staple check to return.**
- **Include employer account number on your check.**

**Form Information:**
- **Quarter Ended:** JUN 30, 1987
- **Due Date:** JUL 1, 1987
- **Delinquent if not mailed by:** JUL 31, 1987
- **Bank No.** 216-7069-0
- **Employer Account No.** 216-7069-0
- **Employer's FEIN:** 13-1818723

**Form Details:**
- **Payment Method:** Check
- **Payable To:** EMPLOYMENT DEVELOPMENT DEPARTMENT

**Employee Data:**
- **Employees:** 8
- **Employment Training Tax Withheld:** $0.00
- **Employer's UI Contributions:** $270.70
- **Unemployment Insurance Taxable Wages (UI):** $7000
- **Disability Insurance Taxable Wages (DI):** $21900
- **Employee Contributions (DI):** $0.10
- **Individual Employee Wages:** $3392.56
- **Social Security and Medicare Tax:** $10964.59
- **Total Wages Paid This Quarter:** $2499.59

**Signatures:**
- **Signature:** L. M. Lamis
- **Title:** Owner

**Note:**
- **Important:** Do not adjust a prior quarter. Complete and attach a form DE 936. Do not reconcile the adjustment on this form. However, the amount remitted with this form should reflect the adjustment. (See item J.)

**Boxes to Fill:**
- **P1:** Month
- **P2:** Day
- **P3:** Year
- **WIC:** Do not alter this area

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**Total Wages Paid This Quarter:** $331878.43

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**Instructions for ghetto area:**
- **Please check the appropriate box below:**
  - Individual employees' wages are reported on form DE 3B.
  - Individual employees' wages are reported on magnetic tape.
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-938 HOWEVER, THE AMOUNT REMITTED WITH THIS DE-938 SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM INSTRUCTIONS.)

QUARTER ENDED MAR-31, 1987 DUE APR-1, 1987
DO NOT ALTER THIS AREA

ANTI DEFAMATION LEAGUE
823 UNITED NATIONS PLZ
NEW YORK NY 10017

DO NOT ALTER PREPRINTED INFORMATION

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.

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

C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)
   (Individual Employee Wages to $7000) 358127.78
   (Individual Employee Wages to $21900)

D. DISABILITY INSURANCE TAXABLE WAGES (DI)

E. EMPLOYER'S UI CONTRIBUTIONS
   2.70 % Times C

F. EMPLOYEE CONTRIBUTIONS (DI)
   0.10 % Times C
   (0.0010 TIMES LINE C) 283300.89
   Paid F 1) DI Employee Contributions

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD
   1.20 % Times D
   4267.96
   Less 4256.85
   11.11

H. J. TAXES DUE THIS QUARTER (Add Items E, F, G, and H)
   7649.12
   Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. (J)
   Do not staple check to return

INCLUD EMPLOYER ACCOUNT NUMBER ON YOUR CHECK.

NOTE — IMPORTANT
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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.

NOTE: 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:

By:

DEPT USE K. SOCIAL SECURITY ACCOUNT NUMBER SEE ATTACHED LIST

DE 3B REV 10 (12-85)
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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 of California.

Karl W. Grozenbacher
Employment Tax Branch
by Kay R. Matches
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Edd

Karl W. Grossenbocher
Employment Tax Branch