Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

20 19

Open to Public Inspection

A F	or th	e 201	9 calendar year, or tax year begin	nning	, 2019	, and end	ing		,	20	
R c	heck if ap	nliaahla	C Name of organization					D Employer ide	entification n	umber	
	_ '		ANTI-DEFAMATION LEAGUE	E							
	Addre		Doing Business As ADL					13-1818			
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	3)	Room/suite		E Telephone no			
	Initial	return	605 THIRD AVENUE					(212) 88	5 - 7700		
	Termi Amen		City or town, state or province, country, a	• .				l <u>.</u>	. 0	0 054	225
	returr		NEW YORK, NY 10158-356					G Gross receip		8,054	
	pendi		F Name and address of principal officer:	JONATHAN GREE	INBLAT.I.			H(a) Is this a ground subordinates	?	Yes	X No
_	T		605 THIRD AVENUE, NEW					H(b) Are all subord	_	Yes	No
÷		empt st	tatus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 5	27	1	ch a list. (see ins		
_			1	Association Other		I Voor	of forms	H(c) Group exemple tion: 1913 M			DC
	art I		nization: X Corporation Trust	Association Other		L Year	oi ioima	ition: TOTO W	State of legal	domicile:	
			y describe the organization's mission or	r most significant sativities	. ADI. ('	THE LEA	GIIE)	WAS FORME	D TN 19	13 TO	
Φ	'		MINATE ANTI-SEMITISM AND								
au c											
erna	2	Chack	k this box	iscontinued its operations	e or dienoe	ed of more t	 han 25%	6 of its not assets			
Activities & Governance			per of voting members of the governing	•					3		16.
જ	4	Numb	per of independent voting members of t	he governing body (Part V	/I. line 1b)				4		15.
ties			number of individuals employed in cale						5		496.
ŧΞ			number of volunteers (estimate if necess						6	3,	500.
Ą	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a		0
			nrelated business taxable income from I						7b		0
								Prior Year	С	urrent Ye	ear
ø	8	Contri	ibutions and grants (Part VIII, line 1h)				ا ٦	69,833,94	5. 7	78,152	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		l COP	Y FOR NSPECTION	.	1,038,00		5,745	
ě	10		tment income (Part VIII, column (A), line		PUBLIC II	NSPECTION	<u>"</u>		78.		5,430
Œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				4,259,65		7,918	
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	(a), line 12) .			75,131,68		91,822	
	13		s and similar amounts paid (Part IX, colu					23,30		24	1,000
	14		fits paid to or for members (Part IX, colu						0.		0
es	15		es, other compensation, employee bene					41,369,29		14,430	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column		241,51	.1.	498	761			
Ä	bb		fundraising expenses (Part IX, column (I					20 740 20	7 -	1 601	<u> </u>
	17		expenses (Part IX, column (A), lines 11					30,748,32		31,681 76,634	
			expenses. Add lines 13-17 (must equal					2,749,25		15,188	
- S		Rever	nue less expenses. Subtract line 18 from	1 line 12				nning of Current Y		ind of Yea	
Net Assets or Fund Balances	20	Tatal	coasts (Part V. line 46)				begii	38,423,22		16,795	
Asse Bala	20 21		assets (Part X, line 16) liabilities (Part X, line 26)				•	41,887,30		12,694	
und/	22		ssets or fund balances. Subtract line 21	from line 20			•	-3,464,07		4,100	
	rt II		gnature Block	Hom line 20			-				7
Un	der per	nalties o	of perjury, I declare that I have examined thi	is return, including accompa	anying sched	ules and stat	ements,	and to the best of	my knowled	ge and be	elief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of wh	ich preparer l	nas any k	nowledge.			
			Jonathan Greenblatt					11/1	1/2020		
Sig			Signature of officer					Date			
He	re		JONATHAN GREENBLATT		CEO/N	ATIONAL	DIR.				
			Type or print name and title								
D-:	J	Print/	Type preparer's name	Preparer's signature	- 	Date		Check	if PTIN		
Paid	a parer	DAN			_	11/11	/2020	self-employe		04182	
	parer Only	Firm's	s name ▶ GRANT THORNTON L	LP				· · · · · · · · · · · · · · · · · · ·	36-6055		
			s address 🕨 757 THIRD AVENUE, 4TH F					Phone no.	212-599	-0100	
May	the I	RS dis	scuss this return with the preparer show	n above? (see instructions))					Yes	No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					F	orm 990	(2019)

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P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	• [
•	ADL (THE "LEAGUE") IS THE LEADING ANTI-HATE ORGANIZATION. FOUNDED IN	
	1913 IN RESPONSE TO AN ESCALATING CLIMATE OF ANTI-SEMITISM AND	
	BIGOTRY, ITS TIMELESS MISSION IS TO PROTECT THE JEWISH PEOPLE AND TO	
	SECURE JUSTICE AND FAIR TREATMENT FOR ALL.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ? Yes	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		X No
	If "Yes," describe these changes on Schedule O.	INO
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 23,894,573. including grants of \$) (Revenue \$ 5,463,139.)	
	REGIONAL OPERATIONS - SUPERVISES AND COORDINATES THE LEAGUE'S	
	COAST-TO-COAST NETWORK OF REGIONAL AND SATELLITE OFFICES IN THE	
	UNITED STATES. EACH REGIONAL OFFICE CARRIES OUT THE LEAGUE'S	
	AGENDA IN ITS DESIGNATED GEOGRAPHIC AREA. THE REGIONAL OPERATIONS	
	DIVISION IS CHARGED WITH COORDINATING THE WORK OF THE REGIONAL	
	OFFICES WITH THE WORK OF THE NATIONAL PROFESSIONAL STAFF IN ORDER	
	TO EFFECTIVELY CARRY OUT ADL'S MISSION. THE REGIONAL OFFICES	
	SUPPORT THE NATIONAL DECISION-MAKING PROCESS WITH LOCAL	
	PERSPECTIVES, PRIORITIES AND INPUT. THE FIELD STAFF AND VOLUNTEER	
	LEADERS REACH OUT TO BOTH THE LOCAL JEWISH AND GENERAL COMMUNITIES	
	THROUGH ADL PROGRAMS. (CONTINUED IN SCHEDULE O.)	
	Intoon the intotalis. (continues in someone or,	
	(Code:) (Expenses \$ 12,105,667. including grants of \$ 24,000.) (Revenue \$ 50,060.)	
	CEN OF TECHNOLOGY & SOCIETY - IN A WORLD RIDDLED WITH CYBERHATE,	
	ONLINE HARASSMENT, AND MISUSES OF TECHNOLOGY, THE CENTER OF	
	TECHNOLOGY AND SOCIETY (CTS) SERVES AS A RESOURCE TO LEGISLATORS,	
	JOURNALISTS, UNIVERSITIES, COMMUNITY ORGANIZATIONS, AND TECH	
	PLATFORMS AND ANYONE WHO HAS BEEN A TARGET OF ONLINE HATE AND	
	HARASSMENT. CTS DEVELOPS PROACTIVE SOLUTIONS AND ADVOCATES FOR	
	CHANGE AT ALL LEVELS OF SOCIETY. IT IS A FORCE FOR INNOVATION,	
	PRODUCING CUTTING-EDGE RESEARCH TO PROTECT VULNERABLE POPULATIONS,	
	INFORM THE PUBLIC, AND ENGAGE YOUTH. CTS BUILDS ON ADL'S CENTURY	
	OF EXPERIENCE SECURING THE JUSTICE AND FAIR TREATMENT FOR ALL IN A	
	DIGITAL WORLD.	
4c	(Code:) (Expenses \$ 7,106,954. including grants of \$) (Revenue \$ 23,409.)	
	CENTER ON EXTREMISM - IN ADL'S TRADITION OF CALLING OUT WHAT	
	DIVIDES US AND SHINING A LIGHT ON WHAT CAN UNITE PEOPLE, WE WORK	
	WITH DIVERSE COMMUNITIES AND WITH LAW ENFORCEMENT TO IDENTIFY HATE	
	AND THEN MOBILIZE PEOPLE TO WORK VIGOROUSLY AGAINST IT.	
74	Other program services (Describe on Schedule O.) ATTACHMENT 1	
→u	(Expenses \$ 15,692,155. including grants of \$) (Revenue \$ 209,148.)	
46	Total program convice expenses \(\begin{array}{c} 58, 799, 349 \\ \end{array} \)	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
h	Schedule D, Parts XI and XII	12a		21
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		21
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? $\it If$ $\it $			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		v
20	"Yes," complete Schedule L, Part IV	28c	Х	Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Λ.	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	<u> </u>		
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		77	
Dowt	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
13	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 529		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
C			Х	
С	reportable gaming (gambling) winnings to prize winners?	1c	22	
JSA 9E1030	reportable gaming (gambling) winnings to prize winners?		990	(201

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 496			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
h	If "Yes," enter the name of the foreign country ▶ AUSTRIA			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а		7a	Х	
L	and services provided to the payor?	7b	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C		7c		Х
	required to file Form 8282?	70		
		70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	425		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	146		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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	-7		- 3
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in	nstruct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI		X
Section A	. Governing Body and Management		
		Yes	No

Jeci	ion A. Governing body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	persor	1?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e			_		v
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					v
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:			0-	Х	
а	The governing body?			8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?			OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte				.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of					
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	•		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ü				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?		37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ingement	10-		X
	with a taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT	2				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990.	and 990-T	(Sec	ion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website X Another's website X Upon request Other (explain on Science)	ply.		(= = 3		(-)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur		,	f inter	est n	olicy
. •	and financial statements available to the public during the tax year.	,	33111101 01		JUL P	onoy,
20	State the name, address, and telephone number of the person who possesses the organization's STEVEN C. SHEINBERG C/O ADL 605 THIRD AVENUE NEW YORK, NY 10158-3560 212-885-7700	oooks	and record	s >		

Form 990 (2019) ANTI-DEFAMATION LEAGUE 13-1818723 Page

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe	erson	e than cost is both cor/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JONATHAN GREENBLATT	20.00									
CEO & NATIONAL DIRECTOR	20.00	Х		Х				417,699.	417,699.	53,462.
(2) FREDERIC BLOCH	34.00									
SVP, GROWTH	6.00			Х				372,410.	65,719.	19,856.
(3) EVAN BERNSTEIN	34.00									
REGIONAL DIRECTOR	6.00				Х			234,724.	41,422.	43,228.
(4) EMILY BROMBERG	40.00									
CHIEF OF STAFF	0.				Х			284,759.	0.	10,801.
(5) RAFAIL PORTNOY	34.00									
SVP, INFORMATION TECHNOLOGY	6.00				Х			213,963.	37,758.	42,226.
(6) STEVEN SHEINBERG	34.00									
SVP & GENERAL COUNSEL	6.00			X				205,068.	36,188.	45,539.
(7) AMANDA SUSSKIND	34.00									
REGIONAL DIRECTOR	6.00					X		213,505.	37,677.	20,044.
(8) THOMAS RUDERMAN	40.00								_	
SVP, TALENT & KNOWLEDGE	0.				X			255,935.	0.	7,320.
(9) KENNETH JACOBSON	40.00								_	
DEPUTY NATIONAL DIRECTOR	0.					X		258,328.	0.	2,752.
(10) GEORGE SELIM	40.00								_	
SVP, PROGRAMS	0.				X			246,558.	0.	10,051.
(11) BETH NATHANSON	34.00									
VP, STRATEGIC PARTNERSHIPS	6.00				X			202,979.	35,820.	15,100.
(12) AMY BLUMKIN	40.00							0.10.1	_	
VP, BRAND & MARKETING	0.					X		247,536.	0.	5,679.
(13) ROBERT TRESTAN	40.00							020 245	2	10 851
REGIONAL DIRECTOR	0.					X		239,347.	0.	13,751.
(14) SETH BRYSK	40.00					3,7		240 005	^	11 005
REGIONAL DIRECTOR	0.					X		240,985.	0.	11,295.

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	yee	s, a	and F	ligl	nest Compensat	ed Employees (d	continue	ed)	
(A)	(B)			(C))			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	not ch unless er and	s pers	nore son is	than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	ar com	stimated nount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anization d related anization	ł
15) DANIEL WEINER (UNTIL 4/2019) DIRECTOR, SW APPLICATIONS	34.00					Х		201,285.	35,521.		3,	292
16) ANAT KENDAL SVP, FINANCE & ADMINISTRATION	34.00			Х				172,170.	30,413.			354
17) MICHAEL A. KELLMAN FORMER OFFICER	0.						Х	150,162.	0.		17,	726
18) CLIFF SCHECHTER SENIOR ADVISOR TO THE CEO	40.00						Х	152,186.	0.		11,	229
19) ABRAHAM FOXMAN NATIONAL DIRECTOR EMERITUS	0.						Х	88,325.	7,050.			0
20) ANDY ADELSON TREASURER	2.00	Х						0 .	0.			0
21) BARRY CURTISS-LUSHER DIRECTOR	2.00	Х						0 .	0.			0
22) ESTA GORDON EPSTEIN CHAIR	2.00	Х						0 .	0.			0
23) YASMIN GREEN DIRECTOR	2.00	Х						0 .	0.			0
24) YADIN KAUFMAN DIRECTOR	2.00	Х						0 .	0.			0
25) ALAN LAZOWSKI DIRECTOR	2.00	X						0 .	0.			0
1b Sub-total c Total from continuation sheets to Part VII, S	_						\	4,397,924.	745,267.		366,7 366,7	0.
d Total (add lines 1b and 1c)	limited to t			ab	ove) who	re	4,397,924.	745,267. \$100,000 of	•	300,7	05.
				- 4				lavas an hinban	t		Yes	No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheool	dule J for su	ch ina	lividu	al .						3	Х	
4 For any individual listed on line 1a, is the organization and related organizations grandividual	reater than	\$15	50,00	0?	If	"Yes	," (complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	mpen	satio	n fr	om	any	uni	related organization	on or individual	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 60

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more	than of the than that the than the the than the the than the than the than the than the than the the than the the than the	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimate amount other compensa from th organizat and relat organizati	ation ne tion ted
6) GLEN LEWY	2.00					<u>8</u>					
DIRECTOR	4.50	Х						0.	0.		
7) DANIEL LUBETZKY	2.00										
DIRECTOR	· †	Х						0.	0.		
B) NICOLE MUTCHNIK	2.00										
DIRECTOR	0.	Х						0.	0.		
9) ELIZABETH PRICE	2.00										
VICE CHAIR	0.	Х						0.	0.		
O) BEN SAX	2.00	- 2						0	0.		
VICE CHAIR	1.50	v						0.			
		X						U .	0.		
) MILTON SCHNEIDER	2.00										
DIRECTOR	2.50	X						0 .	0.		
2) LARRY SCOTT	2.00										
VICE CHAIR	0.	Х						0 .	0.		
B) ROB STAVIS	2.00										
DIRECTOR	0.	X						0 .	0.		
4) CHRISTOPHER WOLF	2.00										
DIRECTOR	.50	X						0.	0.		
Lh Suh-total								0.	0.		
b Sub-total c Total from continuation sheets to Part VII, S	Section A		• • •	• •	• •						
d Total (add lines 1b and 1c)	•				• •						
2 Total number of individuals (including but not) re	coived more than	\$100 000 of		
reportable compensation from the organization		120		u ui	JO V (<i>)</i> Wiid	<i>3</i> 10	cerved more man	φ100,000 01		
- reperiodic demperiodic mentine or gamizane	,									Yes	s N
Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X	Ì
For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,00	00?	lf	"Yes	5,"	complete Schedu	le J for such	4 X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual	5	
Section B. Independent Contractors							•				

year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

		Check if Schedule O contains a resp		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Girts, Grants and Other Similar Amounts	b	Membership dues 1b					
֓֞֝֟֝֟֝֟֝֟֝֟֝֟֓֓֓֟֟֓֓֓֓֟֟	С	Fundraising events 1c	4,012,765.				
ar /	d	Related organizations 1d	7,766,316.				
שַׁיָּי	е	Government grants (contributions) 1e					
Sis	f	All other contributions, gifts, grants,					
e H		and similar amounts not included above . 1f	66,372,959.				
ᇙ	g	Noncash contributions included in					
وم		lines 1a-1f 1g	\$ 65,048.				
ة د	h	Total. Add lines 1a-1f		78,152,040.			
			Business Code				
<u>ဗ</u>	2a	REGIONAL OPERATIONS	900099	5,463,139.	5,463,139.		
e <u>S</u>	b	CENTER ON EXTREMISM	900099	23,409.	23,409.		
Program service Revenue	С	CENTER ON TECHNOLOGY & SOCIETY	900099	50,060.	50,060.		
e a	d	EDUCATION PROGRAMS	611710	172,437.	172,437.		
0 0 1	е	SUPPORT OF ISRAEL	900099	36,711.	36,711.		
בֿ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,745,756.			
	3	Investment income (including dividends	s, interest, and				
		other similar amounts)		6,430.			6,430
	4	Income from investment of tax-exempt box	nd proceeds . 🕨	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 319,633	2.				
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 319,633					
	d	Net rental income or (loss)		319,632.			319,632
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
venue		and sales expenses 7b					
	С	Gain or (loss) 7c					
e	d	Net gain or (loss)		0.			
Other Re	8a	S					
١		events (not including \$4,012,765.					
		of contributions reported on line					
		1c). See Part IV, line 18					
	b	Less: direct expenses 81					
	С	Net income or (loss) from fundraising even	ts ▶	7,405,043.			7,405,043
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9					
	b	Less: direct expenses		_			
	С	Net income or (loss) from gaming activitie	S	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10					
	b C	Less: cost of goods sold		0.			
_		The mount of (1055) from sales of inventory.	Business Code	0.			
snc .		MISC INCOME	900099	102 605			102 605
	11a	MISC. INCOME	900099	193,685.			193,685
Ve la	b		-				
וה ש	С						
ပ္တည္ျ							1
Miscellaneous Revenue	d e	All other revenue		193,685.			

Part IX Statement of Functional Expenses

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

000	Check if Schedule O contains a response or note to any line in this Part IX							
_								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	24,000.	24,000.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
	trustees, and key employees	4,451,051.	3,516,330.	400,595.	534,126.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	30,728,947.	24,275,868.	2,765,605.	3,687,474.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	693,228.	547,650.	69,323.	76,255.			
9	Other employee benefits	5,598,131.	4,422,523.	503,832.	671,776.			
10	Payroll taxes	2,958,826.	2,337,473.	266,294.	355,059.			
11	Fees for services (nonemployees):							
а	Management	0.						
b	Legal	125,719.	11,315.	111,890.	2,514.			
c	Accounting	208,213.	18,739.	185,310.	4,164.			
d	Lobbying	403,000.	36,270.	358,670.	8,060.			
е	Professional fundraising services. See Part IV, line 17.	498,761.			498,761.			
1	Investment management fees	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	1,889.	1,511.	189.	189.			
12	Advertising and promotion	772,752.	618,202.	77,275.	77,275.			
13	Office expenses	1,489,643.	1,191,715.	148,964.	148,964.			
14	Information technology	2,482,342.	1,489,405.	744,703.	248,234.			
15	Royalties	0.	5 450 006	601 006	601 006			
16	Occupancy	6,812,858.	5,450,286.	681,286.	681,286.			
17	Travel	1,913,276.	1,817,612.	38,266.	57,398.			
18	Payments of travel or entertainment expenses	0						
	for any federal, state, or local public officials	0.	2 205 212	40 522	70 700			
19	Conferences, conventions, and meetings	2,426,645.	2,305,313.	48,533.	72,799.			
20	Interest	206,939.		206,939.				
21	Payments to affiliates	1,503,482.	000 000	101 111	100 070			
22	Depreciation, depletion, and amortization		902,089.	481,114.	120,279.			
23	Insurance	326,261.	199,674.	100,198.	26,389.			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
		2 556 262	2 045 000	202 454	107 010			
_	PROJECTS & TRANSFERS FROM RE	2,556,362.	2,045,090.	383,454.	127,818.			
~	BANK & CREDIT CARD FEES	520,595.	161 570	416,476. 161,570.	104,119.			
_	SECURITY EXPENSES	489,606.	161,570.		166,466.			
_	ALL OTHER EXPENSES	9,442,022.	7,426,714.	910,580.	1,104,728.			
	All other expenses	76 624 540	E0 700 240	0 061 066	0 77/ 122			
_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	76,634,548.	58,799,349.	9,061,066.	8,774,133.			
20	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.						
	Tollowing OOT 30-2 (AGC 300-720)	0.			Form 990 (2010)			

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	3,248,486.	1	728,030.
2	Savings and temporary cash investments	13,597,310.	2	18,343,331.
3	Pledges and grants receivable, net	9,205,636.	3	18,464,619.
4	Accounts receivable, net	168,907.	4	0
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
<u>م</u> ک	Notes and loans receivable, net	0.	7	0
Assets 8 8 8	Inventories for sale or use	323,000.	8	314,500
و ∣کّ	Prepaid expenses and deferred charges	674,404.	9	946,368.
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 25,408,372.			
k	Less: accumulated depreciation	7,405,065.	10c	7,092,656.
11	Investments - publicly traded securities	114,999.	11	575,655.
12	Investments - other securities. See Part IV, line 11	204,300.	12	0
13	Investments - program-related. See Part IV, line 11	0.	13	0 .
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	3,481,122.	15	330,090.
16	Total assets. Add lines 1 through 15 (must equal line 33)	38,423,229.	16	46,795,249.
17	Accounts payable and accrued expenses	7,269,874.	17	8,762,583.
18	Grants payable	0.	18	0
19	Deferred revenue	0.	19	0
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
ဖ္က 22	Loans and other payables to any current or former officer, director,			
≝	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	0.	22	0
⊐ ₂₃	Secured mortgages and notes payable to unrelated third parties	4,000,000.	23	4,000,000.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	30,617,433.	25	29,931,881.
26	Total liabilities. Add lines 17 through 25	41,887,307.	26	42,694,464.
Fund Balances 27 28	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>ह</u> 27	Net assets without donor restrictions	-17,481,007.	27	-20,372,805.
<u>m</u> 28	Net assets with donor restrictions	14,016,929.	28	24,473,590.
Fund	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ဝ 29	Capital stock or trust principal, or current funds		29	
Assets or 29 30 31	Paid-in or capital surplus, or land, building, or equipment fund.		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32 2 32	Total net assets or fund balances	-3,464,078.	32	4,100,785.
ž 33	Total liabilities and net assets/fund balances	38,423,229.	33	46,795,249.
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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		91,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		76,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		15,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-3,4	64,0	78.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-7,6	23,1	.75.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4,1	00,7	785.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	,		Х
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		26		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdıts .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

ANT	NTI-DEFAMATION LEAGUE 13-1818723								
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	complete	e this pa	art.) See instructions	i.	
The	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)		
3		A hospital or a cooperative		·					
4		A medical research organiz						(iii). Enter the	
		hospital's name, city, and st	-						
5		An organization operated to		a college or universit	tv owned	d or ope	erated by a governme	ental unit described in	
-		section 170(b)(1)(A)(iv). (C			.,				
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(v)		
7	X	An organization that norma						om the general nublic	
•		described in section 170(b)	=	•	ipport iiv	om a go	vorminorital and or m	om the general pasit	
8		A community trust describe			Part II \				
9	\vdash	An agricultural research org				oporatod	Lin conjunction with a	land-grant college	
9		or university or a non-land-	=			-	•	-	
			grant conege or ag	griculture (see iristruci	110115). 🗀	iller lille i	name, dity, and state o	i trie college of	
40		university:	lly magainess (4) ma	are then 224 of its		from 00	ntributions monthoral	ain food and aroos	
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f rent income and u	unctions - subject to nrelated business tax	certain e able incc	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3% of its	
11		An organization organized	•	•					
12		An organization organized	-	-	-				
		of one or more publicly su							
		Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.	
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the	
	_	_ supporting organization.	ou must complet	e Part IV, Sections A	and B.				
b		$oxedsymbol{oxed}$ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported	
		organization(s). You must	complete Part IV	, Sections A and C.					
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ated in co	onnectio	n with, and functional	lly integrated with,	
		its supported organization	n(s) (see instruction	is). You must comple	te Part I	V, Sectio	ons A, D, and E.		
d		☐ Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)	
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness	
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		\square Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	hat it is a Type I, Type I	I, Type III	
		functionally integrated, or						•	
f	En	ter the number of supported							
g	Pro	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				above (see instructions))	Yes	No	matruotions)	matruotiona)	
/A\									
(A)									
(B)									
(<u> </u>									
(C)									
(D)									
/E\									
(E)									
Tota	al								

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

366	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51,872,492.	61,471,201.	71,717,381.	69,833,945.	78,152,040.	333,047,059.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	51,872,492.	61,471,201.	71,717,381.	69,833,945.	78,152,040.	333,047,059.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.			
6	Public support. Subtract line 5 from line 4						333,047,059.			
	tion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	51,872,492.	61,471,201.	71,717,381.	69,833,945.	78,152,040.	333,047,059.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	356.	4,024.	9,464.	78.	326,062.	339,984.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	9,377,668.	9,579,337.	8,305,556.	9,451,458.	13,830,477.	50,544,496.			
11	Total support. Add lines 7 through 10						383,931,539.			
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	9,138,524.			
13	First five years. If the Form 990 is forganization, check this box and stop here.									
Sec	tion C. Computation of Public Supp						06.85			
14	Public support percentage for 2019 (lin	. ,	•			14	86.75 %			
15	Public support percentage from 2018					15	87.08 %			
16a	331/3% support test - 2019. If the org									
	box and stop here . The organization qu			-						
	331/3% support test - 2018. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	٠		▶ 🔲			
17a	7a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
b	organization	018. If the organization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box -circumstances" stances" test.	on line 13, 16a test, check th The organizatio	a, 16b, or 17a, nis box and sto n qualifies as a	publicly			
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	▶ □			

Schedule A (Form 990 or 990-EZ) 2019 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, ı	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔼
	tion C. Computation of Public Supp		<u> </u>			T T	
15	Public support percentage for 2019 (line 8,					15	<u>%</u>
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment					T	
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%%
19 a	331/3% support tests - 2019. If the org	_					
	17 is not more than 331/3 %, check this	-	_	•		•	
b	331/3% support tests - 2018. If the orga				•		
	line 18 is not more than $331/3\%$, check		•		. ,		H
20	Private foundation. If the organization d	id not check a	a box on line 1	1, 19a, or 19b,	check this box	and see instruc	tions >

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019 Page 5

Part	V Supporting Organizations (continued)			- 5 -
· ait	Capporting Organizations (Continuou)		Yes	Nο
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
Sooti	on D. All Type III Supporting Organizations	1		
Section	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
_	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1			
SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL		
FUNDRAISING EVENTS	9,377,668.	9,579,337.	8,305,556.	9,411,913.	13,830,477.	50,504,951.		
GROSS SALES OF INVENTORY				39,545.		39,545.		
TOTALS	9,377,668.	9,579,337.	8,305,556.	9,451,458.	13,830,477.	50,544,496.		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number Name of the organization ANTI-DEFAMATION LEAGUE 13-1818723 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** \mid X \mid For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number 13-1818723

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization ANTI-DEFAMATION LEAGUE

Employer identification number 13-1818723

art II	Noncash Property	(see instructions).	. Use duplicate co	pies of Part II if :	additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization ANTI-DEFAMATION LEAGUE **Employer identification number** 13-1818723 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

	() ()	that have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	` '	, '	'
	(see separate instructions), ther		rax) (see separate ii	istructions) or Form 990-	12, Part V, line 350 (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	I-DEFAMATION LEAGUE			13-1818	
Pai	-	organization is exempt under			
1	•	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	,			
2		xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instruction			
		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 > \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV. Tt I-C Complete if the complete in Part IV.	organization is exempt under	saction 501(c) av	reant saction 501/c\/2	`
	•	<u> </u>			<i>)</i> ·
1		xpended by the filing organization			
2		g organization's funds contributed			
3		enditures. Add lines 1 and 2. Ent			
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were promoted or a political action committee (left)	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).						
A	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ▶ if the filing organization che	ecked box	A and "limited contro	l" provisions app	y.		
	Limits on Lobb (The term "expenditures" me)	(a) Filing organization's totals	(b) Affiliated group totals	
t c c	1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns.						
	If the amount on line 1e, column (a) or (b) is:			is:			
	Not over \$500,000		amount on line 1e.				
	Over \$500,000 but not over \$1,000,000		lus 15% of the excess				
	Over \$1,000,000 but not over \$1,500,000		lus 10% of the excess				
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 p	lus 5% of the excess of	ver \$1,500,000.			
_	Grassroots nontaxable amount (enter 25						
_	•						
	h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0-						
i	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						
•	reporting section 4911 tax for this year?					Yes No	
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Per	iod	T	
	Calendar year (or fiscal year (a) beginning in)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a	Lobbying nontaxable amount						
k	Lobbying ceiling amount (150% of line 2a, column (e))						
_	Total lobbying expenditures						
_	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 576	8	
_		(6	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X				
С	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?	X				1,000
е	Publications, or published or broadcast statements?	X			-	1,000
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				0,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	37		-	1,000
i	Other activities?		X		401	3,000
j	Total. Add lines 1c through 1i		Х		403	3,000
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
d Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	Or s	oction	<u> </u>	
ı aı	501(c)(6).	(0)(0)	, OI 3	ection	<u>.</u>	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501					'
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (b) Pai	rt III-A,	line 3, is	;
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	•	ng			
5	and political expenditure next year?			5		
5 Par	Taxable amount of lobbying and political expenditures (see instructions)					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aro	ın list)· Part	II-A lines	1 and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a g.o.	ар по), . a.c.	,	. and
`						
SEE	PAGE 4					

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

PART II B

ADL HAS STAFF IN 27 OFFICES NATIONWIDE. OF THOSE BASED IN WASHINGTON,

D.C., ONE DEVOTED APPROXIMATELY 60% OF THEIR TIME TO LOBBYING; TWO

DEVOTED APPROXIMATELY 75% TO LOBBYING AND ONE OTHER DEVOTED APPROXIMATELY

25% TO LOBBYING. THESE REPRESENTATIVES ENGAGED IN ADVOCACY ON LEGISLATIVE

PROPOSALS RELATED TO FEDERAL HATE CRIME LAWS, GLOBAL ANTI-SEMITISM, THE

MIDDLE EAST PEACE PROCESS, IMMIGRATION REFORM, THE USE OF GOVERNMENT

MONEY TO FUND FAITH-BASED ORGANIZATIONS, AND COUNTER-TERRORISM PROPOSALS

OUTSIDE OF WASHINGTON, D.C., THE REGIONAL OFFICE STAFF ENGAGED IN NOMINAL

LOBBYING ACTIVITY ON THE FEDERAL, STATE, AND LOCAL LEVELS.

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic seasement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforced conservation easement Amount of expenses incurred in monitoring, inspecting, handling of violations	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and oth 1 Total number at end of year	Yes No
(a) Donor advised funds (b) Funds and oth	Yes No
(a) Donor advised funds (b) Funds and oth	Yes No
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic stresservation on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a). A Number of conservation easements on a certified historic structure included in (a). Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in located Number of conservation easement endified, transferred, released, extinguished, or terminated by	
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Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic: Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization xyear Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to cons	
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic: Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservasement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a). Conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization year and the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements in Ps. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement. Ps. Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if	
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Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easements.	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements	Yes No
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements	Yes No
Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically import Preservation of a certified historic states where property subject to conservation easement is located 1 Number of states where property subject to conservation easements is located 2 Number of states where property subject to conservation easement is located 2 Number of states where property subject to conservation easements is located 2 Number of states where property subject to conservation easements is located 3 Number of states where property subject to conservation easements is located 4 Number of states where property subject to conservation easements is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement 2 Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement 2 Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement 3 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desorganization's accounting for conservation easements.	Yes No
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a Total number of conservation easements	rvation
b Total acreage restricted by conservation easements	nd of the Tax Year
b Total acreage restricted by conservation easements	
to Number of conservation easements on a certified historic structure included in (a)	
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historic structure listed in the National Register	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizatax year ▶	
 tax year ▶	
Number of states where property subject to conservation easement is located ▶	ization during the
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \$\begin{align*} Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement \text{ Mount of expenses incurred	
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Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements ———————————————————————————————————	
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements ———————————————————————————————————	☐ Yes ☐ No
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement S	nts during the year
 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desorganization's accounting for conservation easements. 	Jang ,
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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desorganization's accounting for conservation easements. 	its during the year
and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des organization's accounting for conservation easements.	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des organization's accounting for conservation easements.	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des organization's accounting for conservation easements.	⊥ Yes L No
organization's accounting for conservation easements.	
	scribes the
Part III Organizations Maintaining Collections of Art Historical Treasures or Other Similar Assets	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	lance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	herance of public
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	herance of public
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	herance of public ce sheet works of
provide the following amounts relating to these items:	herance of public ce sheet works of
	herance of public ce sheet works of of public service,
	herance of public ce sheet works of of public service,
2 If the organization received or held works of art, historical treasures, or other similar assets for financial g	herance of public ce sheet works of of public service,
following amounts required to be reported under FASB ASC 958 relating to these items:	herance of public ce sheet works of of public service,
a Revenue included on Form 990, Part VIII, line 1	herance of public ce sheet works of of public service,
b Assets included in Form 990, Part X	herance of public ce sheet works of of public service,

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

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Pa	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	asures, o	r Other	Similar Assets (continu		age =
3	Using the organization's acquisition	on, accession, and c	ther records, check	any of th	e followi	ing that make sign	nificant	use c	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan	or exchange	e progran	n			
b	Scholarly research		e Other						
С	Preservation for future gene	rations							
4	Provide a description of the orga	nization's collections	and explain how	hey furthe	r the org	janization's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organization					_			_
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for d	ontributions	or other	assets not			
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tal	ole:		_			_
						Amount	İ		
С	Beginning balance			1c					
d	Additions during the year			1d					
е	Distributions during the year			1e					
f	Ending balance								
	Did the organization include an am						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been p	rovided o	on Part XIII			
Pa	t V Endowment Funds.								
	Complete if the organiza								
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Fou		
1a	Beginning of year balance	86,951,696.	92,038,956.	86,328		88,752,231.			831.
b	Contributions	11,096,741.	8,739,345.	1,899	,292.	2,070,803.	1,	471,	901
С	Net investment earnings, gains,								
	and losses	12,431,051.	-7,056,433.	8,123	3,157.	4,238,063.	-2,	864,	,068.
d	Grants or scholarships								
е	Other expenditures for facilities	4 204 105	6 770 170	4 210	0.40	0 720 240		011	422
	and programs	4,394,125.	6,770,172.	4,312	2,248.	8,732,342.	4,	811,	, 433.
f	Administrative expenses	106,085,363.	06 051 606	00 000	056	06 220 755	0.0	750	221
g	End of year balance		86,951,696.	92,038		86,328,755.	00,	154,	231.
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance (line 1g,	column (a)) held as:				
a h	Permanent endowment > 16.0		_ /0						
	Term endowment ► 76.0000								
·	The percentages on lines 2a, 2b, a		00%						
3a	Are there endowment funds not in			are held ar	nd admin	istered for the			
ou	organization by:	the peoodeolon of the	o organization that	aro noia ar	ia aaiiiii	iotoroa for trio	[Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended	J	•						
	t VI Land, Buildings, and Equ	uipment.							
	Complete if the organiz								<u>. </u>
	Description of property	(a) Cost or (invest		or other basis ther)		umulated (o	d) Book va	alue	
1a	Land								
	Buildings								
	Leasehold improvements		14,6	23,176.	9,53	34,830.	5,0	88,3	346.
d	Equipment		6,9	80,323.	6,72	25,337.	2	54,9	86.
_е	Other			304,873.		55,549.		49,3	
T	. Add lines 1a through 1e. (Column	(d) must equal Form	n 990 Part X colum	n (R) line 1	Oc.)		7 0	92.6	556.

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Part VII	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11b. See Form 990. Par	t X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	
(1) Financi	al derivatives			
	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Ves" on Form 990	Part IV line 11d See Form 990 Par	t X line 15
		scription		(b) Book value
(1)	(a) DC	SCHPRION		(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.	/		
	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 99	90, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	•		
	TERM PENSION OBLIGATIONS			23,851,894.
(3) DEFE	RRED RENT			5,768,532.
	R LIABILITIES			311,455.
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>		29,931,881.
	or uncertain tax positions. In Part XIII, provide the			ports the _

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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	(C D (1 0111 030) 2010		r age -r
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	84,199,411.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	-	
d	Cuter (Becombe in Fair Aut.)	2e	-3,043,670.
е 3	Add lines 2a through 2d	3	87,243,081.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		4 550 505
c	Add lines 4a and 4b	4c	4,579,505. 91,822,586.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	J1,022,300.
rare	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	••••	
1	Total expenses and losses per audited financial statements	1	76,634,548.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
C C	Other losses	-	
d e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	76,634,548.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4.0	
с 5	Add lines 4a and 4b	4c 5	76,634,548.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b, Alagorated this part to a registration of the second line and the s	Part V,	line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	iation.	
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

PART V, LINE 3B

THE ENDOWMENT FUNDS DESCRIBED IN THIS SECTION ARE OWNED BY THE ANTI-DEFAMATION LEAGUE FOUNDATION, A SEPARATE BUT RELATED 501(C)(3) CORPORATION.

PART V, LINE 4

THE ADL FOUNDATION ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PROGRAM PURPOSES (SEE ADL FOUNDATION FORM 990 PART III FOR STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS). AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2

TAX RETURN)."

THE FOLLOWING FOOTNOTE WAS INCLUDED IN NOTE (2)(J) OF THE CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION: "ADL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO ADL'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511 AND IS REPORTED AND PAID WITH THE

INTERNAL REVENUE SERVICE FORM 990-T (EXEMPT ORGANIZATION BUSINESS INCOME

AS REQUIRED UNDER FIN 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES",

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Part XIII Supplemental Information (continued)

PART XI LINE 2D

NET PERIODIC BENEFIT COST \$(586,506)

PENSION CHARGE OTHER THAN NET \$(2,457,164)

PERIODIC BENEFIT COST

TOTAL \$(3,043,670)

PART XI LINE 4B

BOOK-TAX DIFFERENCE - COST ADJUSTMENTS \$4,579,506

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

ANII-DEFAMATION LEAGUE				13-16167.	43
General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	nswered "Yes" or
1 For grantmakers. Does the or other assistance, the grantees' award the grants or assistance?	eligibility for t	the grants or	assistance, and the selec	•	Yes No
2 For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3 Activities per Region. (The follo	wing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SEE PART V	809,725.
(2) EUROPE	0.	0.	PROGRAM SERVICES	SEE PART V	21,061.
		0.	TAGGALI SZAVICZE	522 TIME V	21,001.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					830,786.
b Total from continuation sheets to Part I					330,700.
c Totals (add lines 3a and 3b)					830,786.

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

830,786. Schedule F (Form 990) 2019

Part II	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
	er total number of recipient orga he IRS, or for which the grantee										
3 Ente	er total number of other organiz	ations or entities		quivalency lette			::: >				

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14)(15)(16)(17)

Schedule F (Form 990) 2019

(18)

Schedule F (Form 990) 2019

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2019 Page **5**

Part V Supplemental Information

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

PART I, LINE 3(1), COLUMN E

MIDDLE EAST AND NORTH AFRICA: MAINTAINING RELATIONSHIPS WITH

ORGANIZATIONS AND GOVERNMENTAL BODIES IN ISRAEL IN ORDER TO PROVIDE

SUPPORT TO THE US OPERATION IN COMBATING ANTI-SEMITISM AND ADVOCATING FOR

THE JEWISH PEOPLE.

PART I, LINE 3(2), COLUMN E

EUROPE: FUND TRAINING OF ANTI-BIAS EDUCATION PROGRAMS FOR LAW ENFORCEMENT PROFESSIONALS, EDUCATORS, AND HUMAN RIGHTS NON-GOVERNMENTAL ORGANIZATIONS IN AUSTRIA.

PART I, LINE 3, COLUMN F

THE ACCRUAL METHOD OF ACCOUNTING IS USED TO DETERMINE THE EXPENSES BY REGION.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2019
Open to Public

Name of the organization
ANTI-DEFAMATION LEAGUE

Inspection
Employer identification number

13-1818723

	Form 990-EZ filers are not re-	quired to comple	te this pa	rt.							
1											
а	a X Mail solicitations e X Solicitation of non-government grants										
b	X Internet and email solicitations										
С	X Phone solicitations	g			ising events						
d	X In-person solicitations	J			3						
	Did the organization have a written or or key employees listed in Form 990, If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the o	Part VII) or entity riduals or entities	in connec	tion with p	orofessional fundra	ising services?	X Yes No fundraiser is to be				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No							
1											
	ATTACHMENT 1										
2											
3											
4											
5											
6											
7											
8											
9											
40											
10											
Total					11,119,805.	498,061.	10,616,044.				
	List all states in which the organizat registration or licensing.	ion is registered o	or licensed	to solicit							
ALL	STATES										

Page 2 Schedule G (Form 990 or 990-EZ) 2019

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts green	aising event contribut				
		<u> </u>	(a) Event #1 SOC. OF FELLOWS (event type)	(b) Event #2 TEXAS - ANNUAL (event type)	(c) Other events 188. (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,305,654.	1,291,242.	15,052,661.	17,649,557	
Ϋ́	2	Less: Contributions	314,042.	244,300.	3,454,423.	4,012,765	
	3	Gross income (line 1 minus line 2)	991,612.	1,046,942.	11,598,238.	13,636,792	
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
t Exp	7	Food and beverages	12,600.	62,315.	1,554,881.	1,629,796	
Dire	8	Entertainment					
	9	Other direct expenses	57,369.	547,168.	3,997,416.	4,601,953	
Pa	11		ne 10 from line 3, colu anization answered ""	ımn (d)	<u> </u>	6,231,749 7,405,043 reported more than	
		\$15,000 on Form 990-EZ, lin	e 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue	1	Gross revenue	(a) Billigo	bingo/progressive bingo	(b) Other gaming	col. (a) through col. (c)	
ses		Cash prizes					
Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
<u> </u>	5	Other direct expenses	Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	Yes% No		
		Direct expense summary. Add line	-				
9		Net gaming income summary. Su Enter the state(s) in which the orga			<u> ▶</u>		
a k	1	Is the organization licensed to con		in each of these state		Yes No	
10a		Were any of the organization's gaming				Yes No	

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

CA 92101

ATTACHMENT 1

990	SCHEDULE	G.	PART	T -	HIGHEST	PATD	FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
CVENT 1765 GREENSBORO STATION TYSONS CORNER VA 22102	EVENT MGR	Х	2,034,265.	120,108.	1,914,157.
O'BRIEN GARRETT 1133 19TH STREET NW WASHINGTON DC 20036	AGENCY	Х	3,091,265.	291,246.	2,799,319.
CLASSY 350 10TH AVENUE SAN DIEGO	FUNDRAISER	х	5,994,275.	86,707.	5,902,568.

SCHEDULE I (Form 990)

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

2019

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification	on number
ANTI-DEFAMATION LEAGUE						13-181872	3
Part I General Information on Grants and	Assistanc	е					
 Does the organization maintain records to sub the selection criteria used to award the grants Describe in Part IV the organization's procedu 	or assistand	e?					X Yes No
Part IV, line 21, for any recipient that		•					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and go Enter total number of other organizations liste 							

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 walater case educator excellence award	2.	1,500.			
2 SCHOLARSHIP FOR EDUCATIONAL WORK	2.	10,000.			
3 ROTHBLUM COLLEGE SCHOLARSHIP	2.	7,000.			
4 ALEXANDER PRIZE FOR DIVERSITY	2.	5,500.			
5					
6					
7					

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

PART I LINE 2

GRANT FUNDS FROM ALL SOURCES ARE TRACKED BY THE ORGANIZATION'S ACCOUNTING

SYSTEM, WHERE APPLICABLE.

PART III

GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS

THE PHILIP ROTHBLUM COLLEGE SCHOLARSHIP IS A PART OF NY REGION'S SUMMER

INTERNSHIP PROGRAM. THE FINANCIAL AWARDS ARE GIVEN TO SUMMER INTERNS TO

ADVANCE THEIR COMMITMENTS TO THEIR EDUCATION.

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

ANTI-DEFAMATION LEAGUE

Inspection Employer identification number

13-1818723

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		37	
•	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X	2	A	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			77
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation compensation		benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
JONATHAN GREENBLATT	(i)	317,653.	87,450.	12,596.	3,152.	23,579.	444,430.	
1 CEO & NATIONAL DIRECTOR	(ii)	317,653.	87,450.	12,596.	3,152.	23,579.	444,430.	
FREDERIC BLOCH	(i)	297,218.	63,750.	11,442.	2,338.	14,539.	389,287.	
2 ^{SVP, GROWTH}	(ii)	52,450.	11,250.	2,019.	413.	2,566.	68,698.	
EVAN BERNSTEIN	(i)	234,649.	0.	75.	2,308.	34,436.	271,468.	
3 REGIONAL DIRECTOR	(ii)	41,409.	0.	13.	407.	6,077.	47,906.	
ANAT KENDAL	(i)	171,277.	0.	893.	0.	28,351.	200,521.	
4 SVP, FINANCE & ADMINISTRATION	(ii)	30,255.	0.	158.	0.	5,003.	35,416.	
AMANDA SUSSKIND	(i)	213,180.	0.	325.	2,396.	14,641.	230,542.	
5REGIONAL DIRECTOR	(ii)	37,620.	0.	57.	423.	2,584.	40,684.	
KENNETH JACOBSON	(i)	243,972.	5,000.	9,356.	0.	2,752.	261,080.	
6 DEPUTY NATIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
EMILY BROMBERG	(i)	257,385.	25,000.	2,374.	0.	10,801.	295,560.	
7 ^{CHIEF} OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	
RAFAIL PORTNOY	(i)	191,411.	21,250.	1,302.	2,523.	33,369.	249,855.	
8 ^{SVP} , INFORMATION TECHNOLOGY	(ii)	33,778.	3,750.	230.	445.	5,889.	44,092.	
SETH BRYSK	(i)	240,851.	0.	134.	0.	11,295.	252,280.	
9 REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
ROBERT TRESTAN	(i)	239,212.	0.	135.	0.	13,751.	253,098.	
10 REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
STEVEN SHEINBERG	(i)	184,832.	18,700.	1,536.	2,147.	36,561.	243,776.	
11 SVP & GENERAL COUNSEL	(ii)	32,617.	3,300.	271.	379.	6,452.	43,019.	
THOMAS RUDERMAN	(i)	225,000.	25,000.	5,935.	0.	7,320.	263,255.	
12 SVP, TALENT & KNOWLEDGE	(ii)	0.	0.	0.	0.	0.	0.	
GEORGE SELIM	(i)	235,673.	10,000.	885.	0.	10,051.	256,609.	
13 ^{SVP, PROGRAMS}	(ii)	0.	0.	0.	0.	0.	0.	
BETH NATHANSON	(i)	194,267.	8,500.	212.	1,814.	11,021.	215,814.	
14 VP, STRATEGIC PARTNERSHIPS	(ii)	34,282.	1,500.	38.	320.	1,945.	38,085.	
AMY BLUMKIN	(i)	222,278.	25,000.	258.	0.	5,679.	253,215.	
15 ^{VP} , BRAND & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	
ABRAHAM FOYMAN	(i)	7,050.	0.	81,275.	0.	0.	88,325.	
16 NATIONAL DIRECTOR EMERITUS	(ii)	7,050.	0.	0.	0.	0.	7,050.	

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DANIEL WEINER (UNTIL 4/	(i)	51,210.	0.	150,075.	2,054.	745.	204,084.	
	(ii)	9,037.	0.	26,484.	362.	131.	36,014.	
MICHAEL A. KELLMAN	(i)	143,857.	0.	6,305.	2,755.	14,971.	167,888.	
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
CLIFF SCHECHTER	(i)	151,803.	0.	383.	638.	10,591.	163,415.	
3 SENIOR ADVISOR TO THE CEO	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
4	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part | Supplemental Information

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

PART I, LINE 1A

TRAVEL REIMBURSEMENT POLICY - ADL HAS A WRITTEN POLICY REGARDING TRAVEL REIMBURSEMENT IN ACCORDANCE WITH RULES FOR AN ACCOUNTABLE PLAN. THE ADL NATIONAL CHAIR REVIEWS A PERIODIC SUMMARY OF THE ADL CEO/NATIONAL DIRECTOR'S EXPENSE REPORTS. IN ADDITION, ALL TRAVEL COSTS RELATED TO COMPANIONS, ONCE APPROVED, ARE FULLY TAXABLE.

PART I, LINE 4A

DANIEL WIENER RECEIVED A SEVERANCE PAYMENT IN CALENDAR YEAR 2019. THIS SEVERANCE PAYMENT IS DISCLOSED IN FORM 990, SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 4B

IN 2012, ADL AND THE ADL FOUNDATION FINALIZED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) BENEFIT FOR ABRAHAM H. FOXMAN, ADL'S NATIONAL DIRECTOR SINCE 1987. IT WAS IN RECOGNITION OF HIS SIGNIFICANT VALUE TO ADL AND THE ADL FOUNDATION AT THAT TIME AND GOING FORWARD AND HIS FIFTY YEARS OF INVALUABLE AND TIRELESS SERVICE, INCLUDING 25 YEARS AS A NATIONAL DIRECTOR. THE SERP IS A RETIREMENT BENEFIT THAT IS PAID OUT OVER

Schedule J (Form 990) 2019

Part | Supplemental Information

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

TIME. \$14,100 WAS TAXABLE ON THE 2019 FORM W-2. THE REMAINING BENEFIT IS INCLUDED IN THE LONG-TERM PENSION OBLIGATIONS LIABILITY ON ADL'S BALANCE SHEET. THE SERP WAS APPROVED BY ADL'S AND ADL FOUNDATION'S JOINT EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS A FULLY INDEPENDENT AND DISINTERESTED BODY. IT WAS RIGOROUS IN ITS METHODOLOGY AND RELIED UPON INDEPENDENT EXPERTS WHO ADVISED THAT THE SERP (AND THE OVERALL COMPENSATORY PACKAGE) WAS REASONABLE IN LIGHT OF MARKET COMPARABILITY DATA.

PART I, LINE 7

A ONE-TIME, PERFORMANCE-BASED BONUS PAYMENT WAS PAID TO INDIVIDUALS

MEETING CERTAIN METRICS. THESE ARE REPORTED IN COLUMN (B)(II). NON-FIXED

PAYMENTS ARE THE COMBINED AMOUNTS FROM THE FILING ORGANIZATION AND THE

RELATED ORGANIZATIONS. THE NAMES ARE NOT BEING DISCLOSED DUE TO

CONFIDENTIALITY AGREEMENTS SIGNED WITH THE RESPECTIVE PARTIES.

PART II

CLIFF SCHECHTER WAS AN OFFICER OF ADL IN PAST FIVE YEARS. AFTER HIS

Schedule J (Form 990) 2019

Part | Supplemental Information

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

RETIREMENT FROM ADL'S OFFICER POSITION, CLIFF SCHECHTER WAS STILL

EMPLOYED BY ADL AS SENIOR ADVISOR TO THE CEO. THE COMPENSATION WAS

REPORTED IN SCHEDULE J PART II.REPORTED IN SCHEDULE J PART II.

SCHEDULE M (Form 990)

Noncash Contributions

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Inspection Name of the organization Employer identification number ANTI-DEFAMATION LEAGUE 13-1818723 Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 24. 29,852. RETAIL VALUE 19 Food inventory 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ▶(VARIOUS 1 0 35,196. RETAIL VALUE 25 26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 21. which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a X **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a contributions? **b** If "Yes," describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) 2019

describe in Part II.

Schedule M (Form 990) (2019) Page **2**

Part II Supplem

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

PART 1 LINE 25 COLUMN (B)

THE AMOUNT REPORTED REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

20 19
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

13-1818723

ANTI-DEFAMATION LEAGUE

FORM 990, PART III, LINE 4A

REGIONAL OPERATIONS (CONTINUED FROM PART III)

IT IS THE STAFF WITHIN THE REGIONAL OPERATIONS DIVISION THAT IN LARGE PART PROVIDES THE GROUNDWORK FOR THE PROGRAMMING IN THE REGIONS. 2019
ACCOMPLISHMENTS INCLUDED ANTI-BIAS TRAINING FOR EDUCATORS, STUDENTS AND LAW ENFORCEMENT PROFESSIONALS; CIVIL RIGHTS ADVOCACY; MONITORING AND EXPOSING OF EXTREMIST ACTIVITY; VICTIM ASSISTANCE; PROMOTION OF INTERGROUP COLLABORATION AND UNDERSTANDING; AND, RESPONSE TO HATE CRIMES AND BIAS INCIDENTS. REGIONAL OPERATIONS ASSIST REGIONS IN THEIR RECRUITMENT AND ENGAGEMENT OF QUALIFIED LEADERSHIP AND THEIR EXPANSION OF PHILANTHROPIC SUPPORT. REGIONAL OFFICES ARE RESPONSIBLE FOR IDENTIFYING AND CULTIVATING LOCAL COMMUNITY LEADERSHIP. TO ACCOMPLISH THIS, EACH REGION HAS A LOCAL LAY ADVISORY BOARD, ALL OF WHICH, IN THE AGGREGATE, TOTAL APPROXIMATELY 2,500 BOARD MEMBERS (NOT VOTING MEMBERS OF ADL'S MAIN GOVERNING BODY) THAT HELP CARRY OUT ADL'S MISSION.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

PROGRAM SERVICE EXPENSES: \$15,692,155

GRANTS: \$NONE

REVENUE: \$402,833

INTERNATIONAL AFFAIRS AND INTERFAITH PROGRAMS - MAINTAINS CONTACTS

THROUGHOUT EUROPE, LATIN AMERICA, THE MIDEAST, AND THE UNITED STATES FROM

Employer identification number

13-1818723

WHICH INFORMATION IS GATHERED RELATING TO POLITICAL AND SOCIAL MOVEMENTS
THAT IMPACT ANTI-SEMITISM AND BIGOTRY. OBSERVES AND ANALYZES TRENDS
AROUND THE WORLD RELATED TO ANTI-SEMITISM, HATE, AND RELATED ISSUES.

PREPARES AND DISSEMINATES REPORTS AND DATA REGARDING ISRAEL'S SECURITY,
U.S.-ISRAEL RELATIONS, BIGOTRY AND ANTI-SEMITISM IN THE MIDDLE EAST.

INITIATIVE EDUCATIONAL PROGRAMS ON THE MIDEAST AND ISRAELI ISSUES, AS
WELL AS ON INTERNATIONAL BEST PRACTICES ON FIGHTING ANTI-SEMITISM AND
BIGOTRY, MAINTAINS CONTACT WITH FAITH LEADERS IN THE U.S. AND OTHER

COUNTRIES. DEVELOP PROGRAMS OF COOPERATION ON INTERGROUP UNDERSTANDING
AND HUMAN RELATIONS WITH CATHOLIC AND PROTESTANT RELIGIOUS GROUPS AT

COMMUNITY, REGIONAL, AND NATIONAL LEVELS. PARTICIPATES IN EDUCATIONAL AND
ACTION PROGRAMS IN INTERFAITH EFFORTS. ORGANIZES TRAINING PROGRAMS AND
CURRICULUM DEVELOPMENT FOR SEMINARS AND RELIGIOUS-ORIENTED EDUCATIONAL
INSTITUTIONS.

LEADERSHIP - THE LEADERSHIP DIVISION IS RESPONSIBLE FOR ATTRACTING,
EDUCATING AND CULTIVATING ADL LEADERS BY HOSTING SEVERAL ANNUAL NATIONAL
MEETINGS, OVERSEEING GOVERNANCE, PROVIDING PERIODIC E-MAIL AND PRINT
COMMUNICATIONS ON ADL ISSUES, RECRUITING PARTICIPANTS FOR MISSIONS TO
FOREIGN COUNTRIES, AND HOSTING PRIVATE MEETINGS WITH NATIONAL AND WORLD
LEADERS AT ADL HEADQUARTERS. THE LEADERSHIP DIVISION PROVIDES ONGOING
SUPPORT TO ADL REGIONS TO HELP ENHANCE THEIR LEADERSHIP DEVELOPMENT
PROGRAMS AND ALSO OFFERS GUIDANCE AND ASSISTANCE TO REGIONAL LEADERS
LOOKING TO EXPAND THEIR INVOLVEMENT ON THE NATIONAL LEVEL.

EDUCATION - FURTHERS THE LEAGUE'S MISSION THROUGH THE DESIGN AND DELIVERY OF EDUCATIONAL PROGRAMS AND MATERIALS IN THE CORE PRIORITY AREAS OF ANTI-BIAS, BULLYING/CYBERBULLYING, SCHOOL CLIMATE AND ANTI-SEMITISM. ADL EDUCATION DELIVERS THESE PROGRAMS TO PREK-12 SCHOOL COMMUNITIES, COLLEGE AND UNIVERSITY CAMPUSES, COMMUNITY GROUPS, CIVIC ASSOCIATIONS, RELIGIOUS ORGANIZATIONS, YOUTH SERVICE PROVIDERS AND WORKPLACES. IN 2019, ADL EDUCATION PROGRAMS WERE DIRECTLY DELIVERED TO OVER 91,000 CHILDREN AND ADULTS. THESE EDUCATION PROGRAMS HAVE POSITIONED ADL AS A LEADER IN ANTI-BIAS PROGRAMMING AND BULLYING/CYBERBULLYING PREVENTION, DIRECTLY REACHING ELEMENTARY, MIDDLE, HIGH SCHOOL AND POST-SECONDARY STUDENTS, EDUCATORS, FAMILY MEMBERS AND WORKPLACE EMPLOYEES WITH IN-DEPTH TRAINING AND RESOURCES.EMPLOYEES WITH IN-DEPTH TRAINING AND RESOURCES.

FORM 990, PART VI, SECTION A, LINE 1A BEFORE 2018, ADL WAS GOVERNED BY ITS NATIONAL COMMISSION. COMMENCING IN 2018, ADL IS GOVERNED BY ITS BOARD OF DIRECTORS. THE BOARD'S EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B COPIES OF THE DRAFT FORM 990 WERE PROVIDED TO THE MEMBERS OF ADL'S AUDIT COMMITTEE, WHICH REVIEWED AND APPROVED IT AT ITS FALL 2020 MEETING. SUBSEQUENT TO THE MEETING, AN EMAIL WAS SENT TO ADL'S BOARD OF DIRECTORS PROVIDING THEM WITH A COPY OF THE FORM 990 FOR THEIR REVIEW BEFORE IT IS FILED WITH THE IRS ON OR ABOUT NOVEMBER 15, 2020.

FORM 990, PART VI, SECTION B, LINE 12C ADL HAS A WRITTEN CONFLICT OF INTEREST POLICY APPROVED BY THE BOARD OF

DIRECTORS THAT REQUIRES ITS OFFICERS, DIRECTORS, AND EMPLOYEES TO
ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST, THOSE OF THEIR FAMILY
MEMBERS AND OF OTHER INTERESTED PARTIES. THIS DISCLOSURE FORM IS
DISTRIBUTED BY THE ORGANIZATION'S TALENT AND KNOWLEDGE DEPARTMENT (T&K)

TO ALL STAFF ON AN ANNUAL BASIS. T&K ENSURES THAT ALL FORMS ARE

COMPLETED. ADL'S SVP, TALENT OF KNOWLEDGE AND GENERAL COUNSEL REVIEW THE
FORMS FOR CONFLICTS; SENIOR STAFF CONFLICTS ARE REPORTED TO THE AUDIT

COMMITTEE. THE DISCLOSURE FORM IS DISTRIBUTED BY THE LEADERSHIP DIVISION
TO THE MEMBERS OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. A SUMMARY
AND THE NOTED FINDINGS ARE THEN REVIEWED BY THE GENERAL COUNSEL AND SVP,
FINANCE & ACCOUNTING, WHO THEN PROVIDE ALL DISCLOSURES TO THE AUDIT

COMMITTEE FOR FURTHER REVIEW. THE AUDIT COMMITTEE REVIEWS AND DETERMINES
BY MAJORITY VOTE WHETHER A CONFLICT EXISTS. IF A CONFLICT IS NOTED

INVOLVING A MEMBER OF THE AUDIT COMMITTEE, THAT PERSON RECUSES

HIM/HERSELF FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15A

ADL'S PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO/NATIONAL

DIRECTOR INCLUDES CONSULTATION WITH AN INDEPENDENT COMPENSATION

CONSULTANT THAT PERFORMS A COMPENSATION MARKET STUDY AND PROVIDES SALARY

STRUCTURE GRADING. THIS IS REVIEWED AND A DECISION IS MADE BY THE

EXECUTIVE COMPENSATION COMMITTEE, AS DOCUMENTED IN THE COMMITTEE MEETING

FORM 990, PART VI, SECTION B, LINE 15B

ADL'S PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS AND ALL

KEY EMPLOYEES INCLUDES CONSULTATION WITH AN INDEPENDENT COMPENSATION

CONSULTANT THAT PERFORMS A COMPENSATION MARKET STUDY AND PROVIDES SALARY STRUCTURE GRADING. THIS IS REVIEWED AND A DECISION IS MADE BY THE ADL BOARD CHAIR WHO PRESENTS A RECOMMENDATION TO THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE MAKES A DECISION ON THE RECOMMENDATION, AS DOCUMENTED IN THE COMMITEE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL

FOUNDATION AND THE ANNUAL REPORT ARE MADE AVAILABLE TO THE PUBLIC

THROUGH A DIRECT LINK ON THE ADL WEBSITE, (WWW.ADL.ORG). FURTHERMORE,

A FULL SET OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND

THE ADL FOUNDATION IS AVAILABLE UPON REQUEST AS INDICATED ON THE ADL

WEBSITE AND IN THE ANNUAL REPORT. THE ARTICLES OF INCORPORATION ARE

AVAILABLE AT THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS IN

WASHINGTON, DC.

FORM 990, PART VII-A, LINE 1

THE BOARD LIST IS ONLY SHOWING VOTING MEMBERS.

FORM 990, PART XI, LINE 9

OTHER CHANGES OF NET ASSETS:

NET PERIODIC BENEFIT COST (586,506)

PENSION CHARGE OTHER THAN NET PERIODIC BENEFIT COST (2,457,164)

OTHER BOOK-TAX DIFFERENCE (4,579,505)

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

=========

TOTAL (7,623,175)

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS EXPENSES REVENUE

ALL OTHER PROGRAMS - SEE SCHEDULE O 15,692,155. 209,148.

TOTALS 15,692,155. 209,148.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,CA,CO,CT,

FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

 ${\tt MS}$, ${\tt MO}$, ${\tt NV}$, ${\tt NH}$, ${\tt NY}$, ${\tt NC}$, ${\tt ND}$, ${\tt OH}$, ${\tt OK}$, ${\tt OR}$, ${\tt PA}$,

RI, SC, TN, VA, WA, WV, WI,

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SALESFORCE 1095 AVENUE OF THE AMERICAS, 6TH AVE NEW YORK, NY 10036	COMPUTER SERVICES	1,011,744.
FIRST INTERNATIONAL 11201 USA PKWY FISHERS, IN 46037	SURVEY SERVICE	1,991,875.
AMERICAN EXPRESS 200 VESEY STREET NEW YORK, NY 10285-3106	CORP. CARD SERVICES	2,187,342.
605 THIRD AVENUE CORPORATION 605 3RD AVENUE NEW YORK, NY 10158	REAL ESTATE SERVICES	4,367,074.

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization
ANTI-DEFAMATION LEAGUE

ANTI-DEFAMATION LEAGUE

13-1818723

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

DATA TRANSFORMATION

ATTAIN LLC 1600 TYSONS BOULEVARD MCLEAN, VA 22102 536,807.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number 13-1818723

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) (2) (3) (4) (5) (6)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
						Yes	No
(1) ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439							
605 THIRD AVENUE NEW YORK, NY 10158	SUPPORT ADL	NY	501(C)(3)	7	ADL	X	İ
(2) ADLF COMMON FUND 13-3095748							
605 THRID AVENUE NEW YORK, NY 10158	SEE PART VII	NY	501(C)(3)	PF	ADL	X	İ
(3) ANTI-DEFAMATION LEAGUE - ISRAEL							
21 JABOTINSKY STREET JERUSALEM, IS 92141	ADVOCACY	IS			ADL	X	
(4)							
_(5)							l
_(6)							l
(7)							
							İ

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

Schedule R (Form 990) 2019

Part III Identification of Relation because it had one or	ted Organizations more related organizations	s Taxable anization	e as a Partnersl as treated as a p	hip. Complete if the partnership during the	organization a e tax year.	nswered "Yes"	on I	Form	n 990, Part IV,	line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	1 .	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		Country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5) (6)								
(7)								

(5)

(6)

(7)

Schedule R (Form 990) 2019

Par	Transactions with Related Organizations. Complete if the organization answered Te	s on Form 990, Par	11V, line 34, 35b, 01 36.									
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?									
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X					
	Gift, grant, or capital contribution to related organization(s)				1b	Х	X					
		or capital contribution from related organization(s)										
	Loans or loan guarantees to or for related organization(s)				1d	Х						
е	Loans or loan guarantees by related organization(s)				1e	X						
f	Dividends from related organization(s)				1f		Х					
g	Sale of assets to related organization(s)				1g		X					
h	Purchase of assets from related organization(s).				1h		X					
i	Exchange of assets with related organization(s)				1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s).				1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х						
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х						
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х						
	Sharing of paid employees with related organization(s)				10	Х						
р	Reimbursement paid to related organization(s) for expenses				1p		X					
q	Reimbursement paid by related organization(s) for expenses				1q	Х						
r	Other transfer of cash or property to related organization(s)				1r		X					
s	Other transfer of cash or property from related organization(s)				1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and trans	action thre	shold	s.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of dete int invo		g					
(1)	ANTI-DEFAMATION LEAGUE FOUNDATION	С	7,766,316.	ACTUAL	1							
(2)	ANTI-DEFAMATION LEAGUE FOUNDATION	D	4,000,000.	ACTUAL	ı							
(3)	ANTI-DEFAMATION LEAGUE FOUNDATION	E	4,000,000.	ACTUAL								
(4)	ANTI-DEFAMATION LEAGUE FOUNDATION	К	291,946.	ACTUAL	ı							
(5)												

(6) JSA

Schedule R (Form 990) 2019

Page 3

Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	pox 20 managing e K-1 partner? 65)		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

Page 4

Part VI

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART II, COLUMN (B)

LINE 1: ELIMINATE ANTI-SEMITISM

LINE 2: ASSIST & SUPPORT ADL