** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Inspection

Α	For the	2022 calendar year, or tax year beginning	and	ending							
	Check if applicable	C Name of organization			D Employer identif	ication number					
	Addres		Ī								
	Name change	5			13-2887439						
	Initial	Number and street (or P.O. box if mail is not de	Room/suite	E Telephone numbe							
	Final return/	605 THIRD AVENUE	,								
	termin ated	City or town, state or province, country, and	G Gross receipts \$	22,914,481.							
	Ameno		5 1		H(a) Is this a group	return					
	Applic tion	F Name and address of principal officer: CONA.	THAN GREENBLATT		for subordinate						
	pendir	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No					
1	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions					
<u>J</u>	Websit	e: N/A			H(c) Group exemption	on number					
		organization:	ssociation Other	L Year	of formation: 1977	M State of legal domicile: NY					
P	_	Summary									
d)	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O							
Governance											
ž.	2		ntinued its operations or dispos	sed of more	than 25% of its net as	1					
Š	3	Number of voting members of the governing body			<u>3</u>						
		Number of independent voting members of the government									
es	5	Total number of individuals employed in calendar y				 					
Activities &	6	Total number of volunteers (estimate if necessary)									
Act	7a	Total unrelated business revenue from Part VIII, co									
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>	7b	10,306,007. Current Year					
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_						
ne	8	D ' 'D 'L\''' 'C '			6,776,104. 291,946.	 					
Revenue	9	Program service revenue (Part VIII, line 2g)		6,758,053.	 						
Be	10	Investment income (Part VIII, column (A), lines 3, 4,		780,045.	 						
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			14,606,148.	<u> </u>					
_		Total revenue - add lines 8 through 11 (must equal			9,824,492.						
	1	Benefits paid to or for members (Part IX, column (A	ants and similar amounts paid (Part IX, column (A), lines 1-3) nefits paid to or for members (Part IX, column (A), line 4)								
	15	Salaries, other compensation, employee benefits (F		2,651,510.	+						
Expenses	162			0.							
oen	h	Total fundraising expenses (Part IX, column (D), line	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 1,919,065.								
ă	17	Other expenses (Part IX, column (A), lines 11a-11d,	· -		2,114,626.	1,765,898.					
	1	Total expenses. Add lines 13-17 (must equal Part I)			14,590,628.	 					
	1	Revenue less expenses. Subtract line 18 from line			15,520.						
or	3	·		Ве	ginning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)			159,935,377.	143,027,532.					
ASS	21	Total liabilities (Part X, line 26)			13,824,837.	12,822,236.					
Sel	22	Net assets or fund balances. Subtract line 21 from	line 20		146,110,540.	130,205,296.					
Pa	art II	Signature Block									
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.						
		Circohous of officer			Data						
Sig		Signature of officer			Date						
Hei	e	GREGORY LIBERTINY, CFO Type or print name and title									
		**	<u> </u>	Гг	Data Charl	DTIN					
.		Print/Type preparer's name	Preparer's signature		Date Check	PTIN					
Pai	_	DANIEL ROMANO			11/15/2023 "self-emplo						
	parer	Firm's name GRANT THORNTON LLP	D		Firm's EIN 36-6055558						
use	Only	Firm's address 757 THIRD AVENUE, 3RD FLOG NEW YORK, NY 10017-2013	J.r.		Dhara /3:	12) 599_0100					
1.4-	, the IF	RS discuss this return with the preparer shown abo	vo2 Soo instructions		j Phone no. (2.	12) 599-0100 X Yes No					
IVIA	v 1111 12 11	io diaduaa iliia terutti witti ille bfebarer shown abo	ver dee manuchons			TES INO					

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 605 THIRD AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10158-3560 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JASON SCHMIDT The books are in the care of ► 605 THIRD AVENUE - NEW YORK, NY 10158-3560 Telephone No. ▶ (212) 885-7700 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Ра	Statement of Program Service Accomplishments Check if Schoolule O centains a response or note to any line in this Part III	Х
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O	Δ
	DEE BEHEBUILE U	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	Tes NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	. ,
4a	(Code:) (Expenses \$15,636,936. including grants of \$15,636,936.) (Revenue \$	<u> </u>
	SUPPORT TO OTHER CHARITIES - IN FURTHERANCE OF THE ANTI-DEFAMATION	
	LEAGUE FOUNDATION'S (ADL FOUNDATION) PRIMARY EXEMPT PURPOSE, SPECIFIC	
	GRANTS TOTALING \$15,636,936 WERE MADE DIRECTLY FROM THE ADL FOUNDATION	
	TO THE ANTI-DEFAMATION LEAGUE (ADL).	
4b		0.
	PUBLIC AWARENESS - MANAGES AWARENESS THROUGH PUBLISHED MATERIALS,	
	NATIONAL AND REGIONAL WEBSITES, SOCIAL MEDIA MARKETING, EMAIL MARKETING, DIRECT MAIL CAMPAIGNS, ONLINE VIDEO AND PUBLIC RELATIONS	
	CAMPAIGNS, COMMUNICATIONS, AND MANAGING RELATIONSHIPS WITH THE MEDIA.	
	KEEPS CONSTITUENTS INFORMED OF BREAKING NEWS AND ISSUES INVOLVED WITH	
	ADL'S WORK. PREPARES VISUAL AND PRINT MATERIALS ON ADL ISSUES, GOALS	
	AND OBJECTIVES; WRITES, EDITS AND PRODUCES MATERIALS (REPORTS,	
	BROCHURES, INVITATIONS NEWSLETTERS, PUBLICATIONS); AND HANDLES SPECIAL	
	PROJECTS SUCH AS EXHIBITS AND EVENTS.	
	(Code:) (Expenses \$ 18,805. including grants of \$ 0.) (Revenue \$	291,947.)
4c	Code:) (Expenses \$ 10,00000000000000000000000000000	251,547.
	Other program services (Describe on Schedule O.)	
·u	(Expenses \$ including grants of \$) (Revenue \$)
 4е	Total program service expenses 15,919,059.	,

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	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	 		
3	similar amounts as defined in Rev. Proc. 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			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		۱.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		Х
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	Х	
h	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	х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\vdash
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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 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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b		20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domoctio government on traitive, column (-y, interit ii res. complete scriedule i. Parts I and II	41		

Form **990** (2022) 232003 12-13-22

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2? (in "Yes," complete Schedule (, Part) and (ii) and to the organization current and former offices, directors, frustees, key employees, and highest compensation of the organization's current and former offices, directors, frustees, key employees, and highest compensation demolyces? (if "Yes," complete Schedule 7, if "Yes," complete Schedule 6, If "No," go to fine 25a 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the eya; that was issued after December 31, 2002? (if "Yes," answer lines 26d through 24d and complete Schedule K, If "No," go to fine 25a 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Section 50 (164), 50 (164), and 501(12/30) organizations. Did the organization engage in an excess benefit transaction as any tax-exempt bonds? 25d Section 50 (164), 50 (164), and 501(12/30) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organizations proper in an excess bonefit transaction has not been reported on any of the organization prompts in an excess bonefit transaction has not been reported on any of the organization provide a grant or other assistance to any outnet or former officer, director, trustee, key employee, coration or founder, abstractial contributors or applicable to any outnet or former officer, director, trustee, key employee, coration or founder, assistant acceptance in a proper provide a grant or other assistance to any outnet or former officer, director, trustee, key employee, coration or following parties (see the Schedule L, Part IV, i	1 0.1	Continued)		Yes	No					
Part K, column (A), line 27 (P. Yes, *complete Schedule L. Part 1 and III 20 III the cognization assert "75" to Part VI). Scioon A, line 3. 4, or 5, a shout compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, *complete Schedule L. Part IV." 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2th through 2dd and complete Schedule K. If "No," go to line 25a. 24b Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization mixed any an acrow account or their than a returning secrow at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the department of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction have the emported on any of the organization with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction have the propriet of the organization with a disqualified person in a prior year, and that the transaction have the propriet of the organization with a disqualified person in a prior year, and that the transaction have the prior year, organized science of the prior year, organized sci	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO					
23 but the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organizations current and former offices, directors, trustees, key employees, and highest compensated employees? "If "Yes," complete Schedule I, I was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," go to line 25a. 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?" 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization marks and the analysis of the organizations and the process of the organization and the season of the organizations are season or the season of the organization and the season of the organization and the temporary organization and the temporary and the organization and the temporary and the temporary and the temporary and the organization organization and the organization organization and the organization provides again or other assistance to any current or former office, director, trustees, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part III "A Canadization and			22		Х					
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the sequence of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2th through 24d and complete Schedule K. If "No." got to line 25s. Did the organization mixet any proceeds of fax exempt bonds beyond a temporary period exception? 24b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
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 "Pee," answer lines 24th trivuple 24th and complete Schedule K. If "No." you five Pee's and the Schedule K. If "No." you five Pee's and second according to the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d										
staked yof 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 b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? d) Did the organization maritaria an escrow account other than a refunding escrew at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 2 25a Section 501(5)(3, 501(6)48, 104) and 501(k)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I bit the organization aware that the granged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II bit the organization period on any of the organization's prior Forms 990 or 990-E27 (If "Yes," complete Schedule I. Part II bit the organization period any amount on Part X. line 5 or 22, for receivables from or payables to any current or former orflicer, director, trustee, key employee, creator or former orflicer, director, trustee, key employee, creator or former orflicer, director, trustee, key employee, creator or former orflicer, director, trustee, key employee, oreator or former orflicer, director, trustee, key employee, organization seconde in the		Schedule J								
Schedule K. If "No." go to line 25a. b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax except bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 2	24a									
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 50 (Lo(3), 50 (Lo(4), and 50 (Lo(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "ves," complete Schedule I. Part I 25a x b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 990 or 990 E27 If "Yes," complete Schedule I. Part I 25b x 5 b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of noting a grant or other assistance to any current or former officer, fletector, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finculting an employee thereof, or family member of any of these persons? If "Yes," complete Schedule L. Part II 27 X 28 28 28 28 28 28 28		, •	24a		X					
any tax-exempt bonds? d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d			24b		<u> </u>					
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Saction 501(5(3), 501(5(4), 40, 501(5(4)), 40	С									
25a 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 15 is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 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 former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 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) or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization applies thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 29 Was the organization applies Schedule L, Part IV 20 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 21 Did the organization onel, exchange, dispose of, or transfer more than 259s of its net assets? If "Yes," complete Schedule M 22 Did the organization now 100% of an entity disregarded as separate from the organization under Regulations sec	_									
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I			24d							
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		05-		v					
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // *Yes,* complete Schedule I, Part I 25 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 I, Part II 26 X 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 or threse persons? // *If *Yes,* complete Schedule I, Part II 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part IV 28 A family member of any individual described in line 28a° // *If *Yes,* complete Schedule I, Part IV 28 A family member of any individual described in line 28a° // *If *Yes,* complete Schedule I, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? // *If *Yes,* complete Schedule II, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? // *If *Yes,* complete Schedule II, Part IV 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *If *Yes,* complete Schedule II, Part IV 29 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 *If *Yes,* complete Schedule II, Part II 30 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(, , ,	25a							
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_0									
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 39% controlled entity fluiduding an employee thereof or any of these persons? if "rese," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable fliing thresholds, conditions, and exceptions): a A current or former officer, director, trustse, key employee, creator or founder, or substantial contributor? If "res," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "res," complete Schedule L, Part IV 28b X c A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "res," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "res," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "res," complete Schedule M, Part I 31 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "res," complete Schedule N, Part I 31 X 31 Did the organization of section of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77012 a			26		Х					
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?" /* "Yes," complete Schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28	27	\cdot								
entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV										
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 29 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 29 Did the Organization entive one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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 II. 32 Did 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 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization order than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate		· · · · · · · · · · · · · · · · · · ·	27		Х					
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV. 28b	28	· · · · · · · · · · · · · · · · · · ·								
*Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c		instructions for applicable filing thresholds, conditions, and exceptions):								
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	232004		_		(2022)					

Part V 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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		.,,						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		_v						
	to file Form 8282?	7c		Х						
d	, , , , , , , , , , , , , , , , , , , ,	7-		х						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711								
Ū	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	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.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
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 Then the ground of recovery as head.									
	Enter the amount of reserves on hand Did the expanization receive any payments for indeer tenning convices during the tay year?	140		х						
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation on School Q.	14a 14b		 '`						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i÷υ								
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.	10								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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 instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 41										
	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											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6	Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0									
а	The governing body?	8a	Х								
a h	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD									
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9									
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No							
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
112		11a	Х								
b	 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120									
·	on Schedule O how this was done	12c	х								
13		13	X								
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent	14									
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_	The organization's CEO, Executive Director, or top management official	15a	Х								
a		15b	X								
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	IJD									
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
10a		16a		х							
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa									
b											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h									
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b									
17 10	Elot the states with which a copy of the form cost is required to be med	only	nyoile!	alo.							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	orily) a	avalläl	лe							
	for public inspection. Indicate how you made these available. Check all that apply. X Ours we best on X Apothor's we best on X Upon request Othor (- 4 in - 2 0 4 o 4 4 0 0)										
40	X Own website X Another's website X Upon request Other (explain on Schedule O)	fi	اما								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ımanc	ial								
00	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JASON SCHMIDT - (212) 885-7700 605 THIRD AVENUE NEW YORK NV 10158-3560										
	605 THIRD AVENUE, NEW YORK, NY 10158-3560										

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JONATHAN A. GREENBLATT	6.00									
CEO & NATIONAL DIRECTOR	34.00	Х		Х				175,278.	993,249.	39,451.
(2) FREDERIC L. BLOCH	6.00	ł								
TRUSTEE	34.00	Х	<u> </u>					76,314.	432,451.	9,935.
(3) STEVEN C. SHEINBERG	6.00	1						16.540	060 706	44.000
GENERAL COUNSEL & ASST. SECRETARY	34.00	_	_	Х				46,542.	263,736.	14,933.
(4) GREGORY LIBERTINY	6.00	-						45.060	056 450	
CFO (5)	34.00		_	Х				45,260.	256,478.	9,705.
(5) ABRAHAM R. FOXMAN	0.00	-					l		04 075	
NATIONAL DIR. EMERITUS (ADL)	0.00						Х	0.	81,275.	0.
(6) MICHAEL SHEETZ	0.50	ł								
TRUSTEE, PRESIDENT	0.00	Х	-	Х				0.	0.	0.
(7) ANDREW ADELSON	0.50	ł								
TRUSTEE, EXECUTIVE VP	2.00	Х	_	Х				0.	0.	0.
(8) FAITH COOKLER	0.50	ł								
TRUSTEE, SECRETARY	0.00	Х	┢	Х				0.	0.	0.
(9) BARBARA ADELMAN	1.50	∤							_	
TRUSTEE, TREASURER	0.00	Х	┢	Х				0.	0.	0.
(10) RONALD BALSER	0.50	∤							_	
TRUSTEE	0.00	Х	┢					0.	0.	0.
(11) BARBARA BALSER	0.50	∤							_	
TRUSTEE	0.00	Х	┢					0.	0.	0.
(12) HOWARD BERKOWITZ	1.50	-							_	
TRUSTEE (13) MARKEN PURP	0.00	Х	\vdash					0.	0.	0.
(13) MARTIN BUDD	1.50	-							_	
TRUSTEE	0.00	Х	\vdash					0.	0.	0.
(14) BARRY CURTISS-LUSHER	0.50	-							_	
TRUSTEE	2.00	Х	-					0.	0.	0.
(15) ESTA GORDON EPSTEIN TRUSTEE	2.00	-						0.	0.	_
	+	^	┢					0.	٠.	0.
(16) JOSEPH GOLDBLUM TRUSTEE	0.00	₩.						0.	0.	_
(17) THOMAS HOMBURGER	0.00	^	\vdash					0.	U .	0.
TRUSTEE	0.00	х						0.	0.	_
INODIEE	1 0.00	Λ		<u> </u>		<u> </u>		1 0.	<u>. </u>	0. Form 990 (2022)

Form **990** (2022) 232007 12-13-22

Form 990 (2022) ANTI-DEFAMAT									13-288743	9 Page 8			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)		(D)	(E)	(F)								
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of			
	week	_	Cer ai	lu a u	recid	I / II us	iee)	from	from related	other			
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	ndividual trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1099-1120)	and related			
	below	dualt	ution	-	Key employee	st co	er			organizations			
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
(18) ERIC HORODAS	1.50												
TRUSTEE	0.00	Х						0.	0.	0.			
(19) ROCHELLE JACOBSON	0.50												
TRUSTEE	0.00	Х						0.	0.	0.			
(20) BRUCE KARPATI	0.50												
TRUSTEE	0.00	Х						0.	0.	0.			
(21) CHARLES KRISER	0.50												
TRUSTEE	0.00	Х						0.	0.	0.			
(22) ELLIS LANDAU	0.50												
TRUSTEE	0.00	Х						0.	0.	0.			
(23) BURTON LEVINSON	0.50												
TRUSTEE	0.00	Х						0.	0.	0.			
(24) GLEN LEWY	4.50												
TRUSTEE	2.00	Х						0.	0.	0.			
(25) STEVE LYONS	0.50												
TRUSTEE	0.00	Х						0.	0.	0.			
(26) LAWRENCE MILLER	0.50												
TRUSTEE	0.00	Х						0.	0.	0.			
1b Subtotal								343,394.	2,027,189.	74,024.			
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.			
d Total (add lines 1b and 1c)								343,394.	2,027,189.	74,024.			
2 Total number of individuals (including but r	at limited to th		lioto	d 0h		طيداد	0 -	onlyed more than \$100	000 of roportable				

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

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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
ALLIANCE BERNSTEIN LP		
501 COMMERCE STREET, NASHVILLE, TN 37203	ASSET MANAGEMENT	284,296.
2 Total number of independent contractors (including but not limited to those lis	sted above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 ANTI-DEFAMATI		13-2887439								
Part VII Section A. Officers, Directors, Tru	nplo	yee	s, aı	nd H	lighe	est	Compensated Employees (continued)			
(A)			(0	C)			(D)	(E)	(F)	
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for	ord	ee			sated		(W-2/1099-MISC)		organization and related
	related organizations	ustee	trus		ee	n ben				organizations
	below	dual t	tiona	_	nploy	stcor	_			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID MILLSTONE	0.50									
TRUSTEE	0.00	х						0.	0.	0.
(28) MARVIN NATHAN	0.50									
TRUSTEE	0.00	х						0.	0.	0.
(29) STEVEN NICHOLS	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(30) SHELLEY PARKER	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(31) ARTHUR REIDEL	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(32) ROBERT ROSEN	0.50	1								
TRUSTEE	0.00	Х						0.	0.	0.
(33) GIDEON ROTHSCHILD	0.50	1								
TRUSTEE	0.00	Х						0.	0.	0.
(34) WILLIAM SAPERS	0.50	-								
TRUSTEE (THRU 12/2022)	0.00	Х						0.	0.	0.
(35) BEN SAX	1.50									
TRUSTEE	2.00	Х						0.	0.	0.
(36) MILTON SCHNEIDER	2.50								0	0
TRUSTEE	2.00	Х						0.	0.	0.
(37) PAMELA SCHWARTZ TRUSTEE	0.50	х						0.	0.	0
(38) HOWARD SHERWOOD	0.50	Α						0.	٠.	0.
TRUSTEE	0.00	х						0.	0.	0.
(39) GEORGE STARK	1.50	Λ						0.	٠.	٠.
TRUSTEE	0.00	х						0.	0.	0.
(40) DAVID STRASSLER	0.50							•	•	
TRUSTEE	0.00	х						0.	0.	0.
(41) ROBERT SUGARMAN	0.50									
TRUSTEE	0.00	х						0.	0.	0.
(42) GLEN TOBIAS	1.50							-	-	
TRUSTEE	0.00	х						0.	0.	0.
(43) TRACY TREGER	0.50									
TRUSTEE	0.00	х						0.	0.	0.
(44) MITCH WESELEY	1.50									
TRUSTEE	0.00	Х						0.	0.	0.
(45) CHRISTOPHER WOLF	2.50									
TRUSTEE	2.00	Х						0.	0.	0.
		-								
Total to Part VII, Section A, line 1c										

Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII										
			-	(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under				
					function revenue	business revenue	sections 512 - 514				
(0, (0	1.0	Enderstad compaigns									
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a									
Sr. ot		Membership dues 1b									
is, (Fundraising events 1c									
ar Iar		Related organizations 1d									
is,	е	Government grants (contributions)									
ion	f	All other contributions, gifts, grants, and									
the		similar amounts not included above 1f	18,425,656.								
ΞÓ	g	Noncash contributions included in lines 1a-1f 1g \$									
Sol	h	Total. Add lines 1a-1f		18,425,656.							
			Business Code								
	2 a	RENTAL INC FROM AFF. EXEMPT ORG.	900099	291,947.	291,947.						
į į											
ne je	b										
n S	С										
Ja Se	d										
Program Service Revenue	е										
Δ.		All other program service revenue									
	g	Total. Add lines 2a-2f		291,947.							
	3	Investment income (including dividends, inter	est, and								
		other similar amounts)		1,513,982.		12,581,863.	-11,067,881.				
	4	Income from investment of tax-exempt bond	proceeds								
	5	Royalties									
		(i) Real	(ii) Personal								
	6 a	Gross rents 6a									
		Less: rental expenses 6b									
		Rental income or (loss) 6c									
		Net rental income or (loss)									
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(ii) Other								
	<i>i</i> a										
		assets other than inventory 7a 2,676,279	•								
_	b	Less: cost or other basis									
one		and sales expenses 7b 261,222									
ther Revenue	С	Gain or (loss) 7c 2,415,057	•								
æ	d	Net gain or (loss)		2,415,057.			2,415,057.				
Je	8 a	Gross income from fundraising events (not									
₽		including \$ of									
		contributions reported on line 1c). See									
		Part IV, line 18	а								
	b	Less: direct expenses	ь								
		Net income or (loss) from fundraising events									
		Gross income from gaming activities. See									
		Part IV, line 19	a								
	h	Less: direct expenses									
		Net income or (loss) from gaming activities	<u> </u>								
		Gross sales of inventory, less returns									
	IU a	·									
		and allowances 10									
		Less: cost of goods sold10	b								
\longrightarrow	С	Net income or (loss) from sales of inventory	T								
<u>2</u>		WT G G D T T T T T T T T T T T T T T T T	Business Code								
e e	11 a	MISCELLANEOUS REVENUE	900099	6,617.			6,617.				
Miscellaneous Revenue	b	·									
cel Sev	С										
Mis	d	All other revenue									
\perp	е	Total. Add lines 11a-11d		6,617.							
	12	Total revenue. See instructions		22,653,259.	291,947.	12,581,863.	-8,646,207.				

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 15,636,936, 15,636,936. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 354,497. 43,793. 108,623 202,081. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,470,141. 181,617. 450,472. 838,052. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 47,409 5,857. 14,527 27,025. 18,725 151,578 46,446 86,407. Other employee benefits 9 107,867 13,326. 33,051 61,490. 10 Payroll taxes Fees for services (nonemployees): Management 32,263. 32,263, Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 530,805. 530,805. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 663,672 13,067 163,589 487,016. column (A), amount, list line 11g expenses on Sch O.) 223,326 4,397 55,048 163,881. Advertising and promotion 12 20,791 17,663 3,128. 13 Office expenses 2,700. 53. 666 1,981. 14 Information technology 15 Royalties 101,558 101,558 16 Occupancy 63. 63 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 11,948. 11,948 20 Payments to affiliates _____ 21 47,922 47,922 22 Depreciation, depletion, and amortization 65,417. 1,288. 16,125 48,004. 23 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.) 59,584. OTHER TAX EXPENSES 59,584 UBTI TAX EXPENSE 5,849 5,849 С d All other expenses 1,919,065. Total functional expenses. Add lines 1 through 24e 19,534,326 15,919,059 1,696,202 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022) Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			10,178,965.	2	9,198,939
	3	Pledges and grants receivable, net			12,117,296.	3	13,376,41
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			33,188.	9	11,90
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	5,213,938.	1,669,035.	10c	1,621,113
1	11	Investments - publicly traded securities			74,188,095.	11	71,320,34
1	12	Investments - other securities. See Part IV, line	11	L	53,881,655.	12	44,168,71
1	13	Investments - program-related. See Part IV, line	e 11			13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			7,867,143.	15	3,330,10
1	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	159,935,377.	16	143,027,53
1	17	Accounts payable and accrued expenses			135,018.	17	493,86
1	18	Grants payable		18			
1	19					19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
္က 2	22	Loans and other payables to any current or for	mer offic	er, director,			
≝		trustee, key employee, creator or founder, sub-	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
၂ 2	23	Secured mortgages and notes payable to unre	lated thir	rd parties	4,000,000.	23	
2	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
2	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			9,689,819.		12,328,36
2	26				13,824,837.	26	12,822,230
ا ي		Organizations that follow FASB ASC 958, ch	eck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			10 562 000		00 015 80
<u> </u>	27	Net assets without donor restrictions			18,563,822.	27	20,215,703
2 2	28	Net assets with donor restrictions			127,546,718.	28	109,989,59
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
느 .		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current fund				29	
SSe 3	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated i			146 110 540	31	120 005 004
_	32	Total net assets or fund balances			146,110,540.	32	130,205,296
3	33	Total liabilities and net assets/fund balances			159,935,377.	33	143,027,532 Form 990 (202

Pa	rt 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	22	,653,	259.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	,534,	326.	
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5	-18	,969,	816.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-54,	361.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	130	205,	296.	
Pai	rt XII Financial Statements and Reporting	-				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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 audited on 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 oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2022)	

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

ANTI-DEFAMATION LEAGUE FOUNDATION

Employer identification number

OMB No. 1545-0047

		EFAMATION LEAGU						13-2887439
Part	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The org	anization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv).	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
	university:							
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, and	d gross receipts from
	activities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box on
_	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	upporting
-	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ving
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
-	organization(s). You mus	st complete Part IV,	Sections A and C.					
c L	Type III functionally inte						y integrate	ed with,
_	its supported organizatio		·					
d L	Type III non-functionally						-	* *
	that is not functionally int		,	•		•	an attentiv	/eness
_	requirement (see instruct	•	•	•				
e L	Check this box if the orga					Type I, Type I	I, Type III	
	functionally integrated, o		nally integrated supporting	ng organiz	ation.			
	nter the number of supported of	•						
<u>g</u> ₽	rovide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)
	-		above (see instructions))	162	NO	1		
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15,745,422.	16,536,534.	32,474,850.	6,776,104.	18,425,656.	89,958,566.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15,745,422.	16,536,534.	32,474,850.	6,776,104.	18,425,656.	89,958,566.
	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)						18,051,648.
6	Public support. Subtract line 5 from line 4.						71,906,918.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	15,745,422.	16,536,534.	32,474,850.	6,776,104.	18,425,656.	89,958,566.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,110,627.	1,691,482.	1,071,337.	1,477,810.		6,351,256.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	284,671.	355,154.	287,062.	273,535.	12,581,863.	13,782,285.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				780,045.	6,617.	786,662.
11	Total support. Add lines 7 through 10						110,878,769.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,459,731.
	First 5 years. If the Form 990 is for th	•		ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2022 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	64.85 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	67.12 %
16a	33 1/3% support test - 2022. If the o	organization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
						Schedule A	(Form 990) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization'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 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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.
- 10a 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 line 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
	1		
	2		
	За		
	3b		
	3c		
	4a		
	ти		
	4b		
	4c		
	5a		
	Ju		
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	9a		
	9b		
	9c		
	10a		
ule	10b A (Forn	n 990)	2022
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Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 on line 2, above, 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		
Sec	tion 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 instructions).			
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 governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b 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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	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 exe	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
_6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2022 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
c	From 2019							
d	From 2020							
e	From 2021							
f_	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
<u>i</u>	Carryover from 2017 not applied (see instructions)							
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u> </u>	Applied to 2022 distributable amount							
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
<u>a</u>	Excess from 2021 Excess from 2022							

Schedule A (Form 990) 2022

Part VI 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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
CGA LIABILITY
2021 AMOUNT: \$ 549,520.
MERIT-BASED INCENTIVE PAYMENT
2021 AMOUNT: \$ 230,525.
MISCELLANEOUS INCOME
2022 AMOUNT: \$ 6,617.

ANTI-DEFAMATION LEAGUE FOUNDATION

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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** ☐ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIF + 4	\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 3	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	### Total contributions ### 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Ivallic, audi ess, aliu ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contr	ibution
7		\$ 1,000,000. Person Payroll Noncash (Complete Part I noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contr	ihution
8	Name, address, and ZiF + 4	Person Payroll Noncash (Complete Part I noncash contrib	X I for
(a)	(b)	(c) (d)	
No. 9	Name, address, and ZIP + 4	Total contributions Type of contr Person Payroll Noncash (Complete Part I noncash contrib	X I for
(a)	(b)	(c) (d)	
10	Name, address, and ZIP + 4	\$ 789,563. Type of control Person Payroll Noncash (Complete Part I noncash contrib	X I for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contr	ibution
11	rumo, address, and En TT	Person Payroll Noncash (Complete Part I noncash contrib	X I for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contr	ihution
12	Mairie, auuress, anu ZIF + 4	Person Payroll Noncash (Complete Part I noncash contrib	X I for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X 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)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 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
NO.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1001	Turney accretions, and all TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	INGING, AUUI 655, ANU ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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

Name of organization **Employer identification number** ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 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 info. once.) Use duplicate copies of Part III if additional space is needed. (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. 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 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2022 Open to Public

Name of the organization

Employer identification number

ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? 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 historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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 and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Otl	her S	imilar Asse	ets (conti	inued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	e signi	ificant use of i	ts		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	xempt	purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	ilar as	sets			_
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes"	on Fo	orm 990, Part I	V, line 9, o	r	
	reported an amount on Form 990, Par	·							
1a	Is the organization an agent, trustee, custodi		•						_
	on Form 990, Part X?						Yes		」No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
							Amour	nt	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		-	7
	Did the organization include an amount on Fo				-	?	Yes	X	∐ No
	If "Yes," explain the arrangement in Part XIII.							. L	
Pai	t V Endowment Funds. Complete i					Three years he	ok (a) For	ır vooro	hook
		(a) Current year	(b) Prior year	(c) Two years bac		Three years ba	+ ` ′ —		
	Beginning of year balance	110,100,993.	· · · · · ·	106,085,36		86,951,69		,038,	
	Contributions	8,087,466.	8,331,418.			11,096,74		,739,	
С	Net investment earnings, gains, and losses	-15,743,555.	12,259,592.	7,045,14	<u> </u>	12,431,05	-/	,056,	433.
d	Grants or scholarships								
е	Other expenditures for facilities	F 072 122	4 702 620	0 727 72		4 204 12	_	770	170
_	and programs	5,0/3,123.	4,783,638.	8,737,73	4.	4,394,12	5. 6	, / / 0 ,	1/2.
f	Administrative expenses	07 271 701	110 100 003	122 164 00	_	100 005 30	2 0.0	0.51	<u> </u>
g	End of year balance		110,100,993.		3.	106,085,36	3. 86	,951,	696.
2	Provide the estimated percentage of the curr) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c short	•							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	id administered fo	r the			Yes	No
	organization by:						0-(1)	162	No X
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations	Manager Catalana and an an an an an					3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunds.						
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Parl	X line	<u>-</u> 10			
							(d) Po	ak volu	
	Description of property	(a) Cost or of basis (investment)	` '	1 ,	•	umulated ciation	(d) Boo	ok valu	е
10	Land	<u> </u>		,150,224.	acpic	5.4001	1	,150,	224
_	Land			,164,019.	4	,890,600.		273,	
b	Buildings Leasehold improvements			323,338.	- 1	323,338.			0.
_				- 20,000		320,000.			
d	Equipment Other			197,470.				197	470.
	. Add lines 1a through 1e. (Column (d) must e		V column (B) line 1	· ·			1	,621,	
ı ota	TAGA III ICO TA HILOUGH TE. (COIUMN (A) MUST E	quai FUIII 990, Part /	<u>∿. coluititi (b). II⊓e 10</u>	JU.J			ulo D (For		

Schedule D (Form 990) 2022

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Dort VIII	Invoctmente	Othor Co

Part VII Investments - Other Securities.	Farma 000 Part IV line 4	Idh Can Faura 000 Bart V lina 10
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	(=, = = = = = = = = = = = = = = = = = =	(-,
(2) Closely held equity interests		
(3) Other		
(A) MUTUAL FUNDS - EQUITIES	1,464,925.	END-OF-YEAR MARKET VALUE
(B) ABSOLUTE RETURN FUNDS	41,396,161.	END-OF-YEAR MARKET VALUE
(C) LP AND REAL EST	1,307,624.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	44,168,710.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(4) (5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
T-t-l (o t w)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LIABILITIES UNDER CHARITABLE TRUST	5,698,303.
(3)	DUE TO ADL	6,630,064.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,328,367.

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

Schedule D (Form 990) 2022

Pai	rt XI Reconciliation of Revenue per Audited Financial		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	
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	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	e 12.)	<u>5</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financia		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	, , , , , , , , , , , , , , , , , , , ,			
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	,	4b		
С				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		art V, line 4; Part X, line 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
חמגם	n v time 2.			
PART	F X, LINE 2:			
mitto	AND DEELMANTON LEAGUE EQUIDANTON / "ADLE" \ TO DECOGNIT	ZED DV MILE		
THE	ANTI-DEFAMATION LEAGUE FOUNDATION ("ADLF") IS RECOGNI	ZED BY THE		
T3700T	TRUST DESCRIPTION (TRG) AG EVENDE EDON HEDEDAL TAG	OME WAY INDED		
TMJ.F	ERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INC	OME TAX UNDER		
anan	TION FOI/A) OF MUE INMEDIAL DEVENUE CODE AC CHARITANTE	ODGANIZAMION		
SECI	FION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE	ORGANIZATION		
∩ 113.1	TEVING INDED INDEDNAL DEVENUE CODE CECUTON 501/C\/2\	EVCEDE EOD		
QUAL	LIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3),	EXCEPT FOR		
TNCC	NME MAYES DEDMATNING MO INDELAMED DUSINESS INCOME IND	ED II C CAAD MUE		
INCC	DME TAXES PERTAINING TO UNRELATED BUSINESS INCOME, UND	ER U.S. GAAP, THE		
mav	EFFECTION FROM INCERTAIN MAY DOCUMENTO ARE TO BE DECOME	TOED IN MUE		
TAX	EFFECTS FROM UNCERTAIN TAX POSITIONS ARE TO BE RECOGN	IZED IN THE		
G0376	TOLIDAMED ETNANGIAL GMAMDWENMG ONLY IN MUE DOGIMION IG	MODEL THEIR MUNN		
CONS	SOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS	MORE LIKELY THAN		
	TO DE GUGENTURE TO THE POSTERON HERE TO DE GUNTERVARD	DV 3 m3V		
тои	TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED	BY A TAX		
7 TTM*	IODIMV			
AU'I'E	HORITY.			

ADLF COMPLETED AN ANALYSIS OF ITS UNCERTAIN TAX POSITIONS IN ACCORDANCE

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.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

ANTI	-DEFAMATION LEAGUE	FOUNDATION				13-2887439	
Par			ctivities Out	side the United States. Comple	te if the organ		Yes" on
	Form 990, Part I\			1	3		
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes No
2	For grantmakers. Description United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
3	Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is no	eeded.)		
	(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENT	RAL AMERICA AND						
THE	CARIBBEAN	0	0	INVESTMENTS			22,321,050.
3 a	Subtotal	0	0				22,321,050.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				22,321,050.
LHA	For Paperwork Reduct	ion Act Notice.	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2022

232071 10-17-22

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any										
recipient who rec	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)		
			ecognized as charities by the for counsel has provided a sect			>		•		

3 Enter total number of other organizations or entities

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

Part III can be duplicated if ac	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Page 4

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990.

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

2022
Open to Public Inspection

Schedule I (Form 990) 2022

OMB No. 1545-0047

Name of the organization ANTI-DEFAMATI	ON LEAGUE FOUN	NDATION					Employer identification number 13-2887439
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records or criteria used to award the grants or assis Describe in Part IV the organization's propert II Grants and Other Assistance to	stance?ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than \$ 1 (a) Name and address of organization or government					(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	5,821,258.	0.			SPIN OFF OF ENDOWMENT
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	9,815,678.	0.			ADL FOR GOOD CAMPAIGN
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	-	•				1	

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

Schedule	I (Form 990) 2022 ANTI-DEFAMATION LEAGUE	FOUNDATION				13-2887439	Page 2
Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.		
	(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 noncas	sh assistance
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	•	
PART I,	LINE 2:						
ADL FOR	GOOD CAMPAIGN - THE ADL FOUNDATION TRANSFER	RS FUNDS TO I	HE LEAGUE				
UPON TH	E FULFILLMENT OF ANY RELEVANT ACTIVITIES. 1	DOCUMENTATION	I IS REVIEWED				
AS APPR	OPRIATE.						
SPIN OF	F OF ENDOWMENT INCOME - THESE FUNDS WERE DI	STRIBUTED FRO)M				
DONOR-R	ESTRICTED ENDOWMENT FUNDS IN ACCORDANCE WITH	H DONOR RESTR	RICTIONS AND				
ADL FOU	NDATION POLICY.						
		_					_

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ANTI-DEFAMATION LEAGUE FOUNDATION

Employer identification number 13-2887439

Pa	art I 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			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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 explain	1b	Х	
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 Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
	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		Х
	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
	Any related organization?	6b		Х
	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 in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JONATHAN A. GREENBLATT	(i)	134,601.	25,312.	15,365.	3,195.	2,721.	181,194.	0.
CEO & NATIONAL DIRECTOR	(ii)	762,743.	143,438.	87,068.	18,106.	15,429.	1,026,784.	0.
(2) FREDERIC L. BLOCH	(i)	56,093.	18,750.	1,471.	612.	879.	77,805.	0.
TRUSTEE	(ii)	317,861.	106,250.	8,340.	3,465.	4,979.	440,895.	0.
(3) STEVEN C. SHEINBERG	(i)	41,107.	5,250.	185.	617.	1,623.	48,782.	0.
GENERAL COUNSEL & ASST. SECRETARY	(ii)	232,940.	29,750.	1,046.	3,495.	9,198.	276,429.	0.
(4) GREGORY LIBERTINY	(i)	40,956.	1,552.	2,752.	170.	1,286.	46,716.	0.
CFO	(ii)	232,081.	8,798.	15,599.	966.	7,283.	264,727.	0.
(5) ABRAHAM R. FOXMAN	(i)	0.	0.	0.	0.	0.	0.	0.
NATIONAL DIR. EMERITUS (ADL)	(ii)	81,275.	0.	0.	0.	0.	81,275.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

TRAVEL REIMBURSEMENT POLICY - THE ANTI-DEFAMATION LEAGUE HAS A WRITTEN

POLICY REGARDING TRAVEL REIMBURSEMENT. THE ADL CHAIR REVIEWS A PERIODIC

STATEMENT OF THE ADL FOUNDATION TRUSTEE/ADL CEO/NATIONAL DIRECTOR'S EXPENSE

REPORTS.

HEALTH REIMBURSEMENT - ADL PROVIDES REIMBURSEMENT TO JONATHAN GREENBLATT

TRUSTEE, FOR GYM MEMBERSHIP FEES WHICH ARE TAXABLE AND REPORTED IN HIS W-2.

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 FROM 1987 UNTIL 2017. 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

TIME. INDEPENDENT EXPERTS ADVISED THAT THE SERP (AND THE OVERALL

COMPENSATORY PACKAGE) WAS REASONABLE IN LIGHT OF MARKET COMPARABILITY DATA.

THE SERP WAS APPROVED BY A FULLY INDEPENDENT ADL AND ADL FOUNDATION JOINT

Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 5a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. EXECUTIVE COMPENSATION COMMITTEE. \$14,100 MAS TAXABLE ON THE 2022 FORM W 2. PART I, LINE 7: A ONE-TIME PERFORMANCE BONUS PAYMENT WAS MADE TO INDIVIDUALS. THESE ARE REPORTED IN COLUMN (B)(II), NON-FIXED PAYMENTS ARE THE COMBINED AMOUNTS FROM THE FILING ORGANIZATION AND THE RELATED ORGANIZATIONS.	Part III Supplemental information
PART I, LINE 7: A ONE-TIME PERFORMANCE BONUS PAYMENT WAS MADE TO INDIVIDUALS. THESE ARE REPORTED IN COLUMN (B)(II). NON-FIXED PAYMENTS ARE THE COMBINED AMOUNTS	
A ONE-TIME PERFORMANCE BONUS PAYMENT WAS MADE TO INDIVIDUALS. THESE ARE REPORTED IN COLUMN (B)(II). NON-FIXED PAYMENTS ARE THE COMBINED AMOUNTS	EXECUTIVE COMPENSATION COMMITTEE. \$14,100 WAS TAXABLE ON THE 2022 FORM W-2.
A ONE-TIME PERFORMANCE BONUS PAYMENT WAS MADE TO INDIVIDUALS. THESE ARE REPORTED IN COLUMN (B)(II). NON-FIXED PAYMENTS ARE THE COMBINED AMOUNTS	
REPORTED IN COLUMN (B)(II). NON-FIXED PAYMENTS ARE THE COMBINED AMOUNTS	PART I, LINE 7:
	A ONE-TIME PERFORMANCE BONUS PAYMENT WAS MADE TO INDIVIDUALS. THESE ARE
FROM THE FILING ORGANIZATION AND THE RELATED ORGANIZATIONS.	REPORTED IN COLUMN (B)(II). NON-FIXED PAYMENTS ARE THE COMBINED AMOUNTS
	FROM THE FILING ORGANIZATION AND THE RELATED ORGANIZATIONS.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ANTI-DEFAMATION LEAGUE FOUNDATION	13-2887439
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO PROMOTE THE MISSION OF THE ANTI-DEFAMATION LEAGUE THROUGH THE	
MAINTENANCE AND PRUDENT INVESTMENT OF ENDOWMENTS, TRUSTS, PHILANTHROPIC	
FUNDS, REAL ESTATE AND OTHER ASSETS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE ADL FOUNDATION HELPS PROMOTE THE MISSION OF ADL THROUGH THE	
MAINTENANCE AND, WHERE APPROPRIATE, PRUDENT INVESTMENT OF THE	
ENDOWMENTS, TRUSTS, PHILANTHROPIC FUNDS, REAL ESTATE AND OTHER ASSETS	
HELD BY THE ADL FOUNDATION AS SET FORTH IN THE ADL FOUNDATION'S	
CERTIFICATE OF INCORPORATION. THESE ASSETS AND THEIR PROCEEDS ARE TO BE	
USED TO SUPPORT THE MISSION OF ADL.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
THE AMOUNT OF (\$18,805) CONSISTS OF THE FOLLOWING ADDITIONAL PROGRAM	
SERVICE ACCOMPLISHMENTS: REGIONAL OPERATIONS (\$11,740), AND POLICY AND	
PROGRAMS (\$7,065).	
REGIONAL OPERATIONS - SUPERVISES AND COORDINATES THE ADL'S	
COAST-TO-COAST NETWORK OF REGIONAL OFFICES. ESTABLISHES AND MONITORS	
OPERATING PLANS FOR EACH REGION, WITH A PARTICULAR FOCUS ON PRIORITY	
PROGRAMS AND ACTIVITIES, INCLUDING ANTIBIAS 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. CREATES MEASURES AND METRICS TO	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 EVALUATE REGIONAL REACH AND IMPACT. POLICY AND PROGRAMS - ENCOMPASSES THE WORK OF CIVIL RIGHTS; GOVERNMENT RELATIONS, ADVOCACY, AND COMMUNITY ENGAGEMENT; THE CENTER ON TECHNOLOGY AND SOCIETY; LAW ENFORCEMENT AND COMMUNITY SECURITY; AND THE CENTER ON EXTREMISM. THE CIVIL RIGHTS TEAM, FORMULATES AND IMPLEMENTS THE LEAGUE'S CIVIL RIGHTS AGENDA IN A RANGE OF AREAS INCLUDING ANTISEMITISM AND ALL FORMS OF BIGOTRY, DISCRIMINATION AND BIAS MOTIVATED VIOLENCE; RELIGIOUS FREEDOM AND CHURCH-STATE SEPARATION; AND IMMIGRATION AND REFUGEE RIGHTS, PREPARING REPORTS AND MEMORANDA, FILING AMICUS BRIEFS, AND ENGAGING IN OTHER FORMS OF PUBLIC ADVOCACY. THE GOVERNMENT RELATIONS, ADVOCACY, AND COMMUNITY ENGAGEMENT (GRACE) TEAM PROMOTES THE LEAGUE'S MISSION IN WASHINGTON, D.C. AND AROUND THE COUNTRY WITH A FOCUS ON LEGISLATIVE ADVOCACY, OUTREACH TO GOVERNMENT OFFICIALS, AND COALITION BUILDING. THE CENTER FOR TECHNOLOGY AND SOCIETY, WORKS TO DEVELOP NEW STRATEGIES IN THE FIGHT AGAINST HATE ONLINE, ANALYZING AND PREPARING REPORTS ON HATE SPEECH AND CYBER-HARASSMENT, PROVIDING INSIGHTS TO GOVERNMENT AND POLICYMAKERS. AND EXPOSING AND COUNTERING SPECIFIC CASES OF ABUSE AND OFFENSIVE CONTENT ON THE INTERNET. THE CENTER ON EXTREMISM MONITORS AND EXPOSES EXTREMIST MOVEMENTS AND INDIVIDUALS ACROSS THE IDEOLOGICAL SPECTRUM AND PROVIDES ACTIONABLE INTELLIGENCE AND DATABASED ANALYSIS TO LAW ENFORCEMENT, PUBLIC OFFICIALS, COMMUNITY LEADERS AND TECHNOLOGY COMPANIES. THE LAW ENFORCEMENT AND COMMUNITY SECURITY TEAM CONDUCTS TRAINING FOR LAW ENFORCEMENT AGENCIES ON HATE CRIMES, EXTREMISM AND IMPLICIT BIAS, AS WELL AS PROGRAMS ON COMMUNITY SECURITY.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 THE ADL FOUNDATION DOES NOT ISSUE W-2s. ALL EMPLOYEES ARE PAID AND ISSUED W-2S FROM A RELATED ORGANIZATION, ANTI-DEFAMATION LEAGUE ("ADL"). EMPLOYEES LISTED IN PART VII, SECTION A, HAVE THEIR SALARIES ALLOCATED BASED ON PERCENTAGES OF TIME DEDICATED TOWARD EACH ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 2: LIST OF INDIVIDUALS LISTED IN PART VII, SECTION A WITH FAMILY RELATIONSHIPS: BARBARA BALSER - RONALD BALSER. FORM 990, PART VI, SECTION A, LINE 6: THE ADL FOUNDATION HAS A SINGLE MEMBER, ADL. FORM 990, PART VI, SECTION A, LINE 7A: THE ADL FOUNDATION HAS A THREE-PERSON MEMBER COMMITTEE CONSISTING OF THE PRESIDENT OF THE ADL FOUNDATION; THE ADL BOARD CHAIR; AND THE IMMEDIATE PAST NATIONAL CHAIR OF ADL. THE MEMBER COMMITTEE APPROVES SIGNIFICANT CHANGES TO THE ORGANIZATIONAL DOCUMENTS AND ELECTS THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 11B: COPIES OF THE DRAFT FORM 990 ARE PROVIDED TO THE MEMBERS OF ADL FOUNDATION'S AUDIT COMMITTEE, FOR REVIEW AND APPROVAL. AFTER AUDIT COMMITTEE APPROVAL, A COPY OF THE DRAFT FORM 990 IS SENT TO ADL'S BOARD OF DIRECTORS FOR THEIR REVIEW BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ADL FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY APPROVED BY THE BOARD OF TRUSTEES THAT REQUIRES ITS OFFICERS, DIRECTORS AND EMPLOYEES,

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 ANNUALLY, TO DISCLOSE THEIR POTENTIAL CONFLICTS OF INTEREST, THOSE OF THEIR FAMILY MEMBERS AND OF OTHER INTERESTED PARTIES. THIS DISCLOSURE FORM IS DISTRIBUTED TO ALL ADL FOUNDATION STAFF ANNUALLY BY THE ORGANIZATION'S TALENT AND KNOWLEDGE (T&K) DEPARTMENT. T&K ENSURES THAT ALL FORMS ARE COMPLETED AND REVIEWS THE FORMS FOR CONFLICTS. THE DISCLOSURE FORM IS DISTRIBUTED TO MEMBERS OF THE BOARD OF TRUSTEES ANNUALLY BY THE OFFICE OF THE EXECUTIVE DIRECTOR. THE OFFICE OF THE EXECUTIVE DIRECTOR COLLECTS AND REVIEWS THEM FOR OFFICER AND DIRECTOR CONFLICTS. A SUMMARY AND THE FINDINGS ARE THEN REVIEWED BY THE EXECUTIVE DIRECTOR, WHO THEN PROVIDES ALL DISCLOSURES TO THE AUDIT COMMITTEE OF THE ADL FOUNDATION AND ADL FOR FURTHER REVIEW. THE AUDIT COMMITTEE REVIEWS AND DETERMINES BY MAJORITY VOTE WHETHER A CONFLICT EXISTS. IF A CONFLICT IS INVOLVES A MEMBER OF THE BOARD OF TRUSTEES WHO IS ALSO A MEMBER OF AUDIT COMMITTEE, THE PERSON RECUSES HIM/HERSELF FROM THE VOTE. FORM 990, PART VI, SECTION B, LINE 15: THE ADL FOUNDATION'S PROCESS FOR DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES CONSULTATION WITH AN INDEPENDENT THIRD PARTY THAT PERFORMS A COMPENSATION MARKET STUDY AND PROVIDES SALARY STRUCTURE GRADING. THIS IS REVIEWED AND A DECISION IS MADE BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE ADL FOUNDATION AND ADL. AS DOCUMENTED IN THE RESPECTIVE COMMITTEE MEETING MINUTES. THE ADL FOUNDATION'S PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES INCLUDES CONSULTATION WITH AN INDEPENDENT THIRD PARTY THAT PERFORMS A COMPENSATION MARKET STUDY AND PROVIDES SALARY STRUCTURE GRADING. THIS IS REVIEWED BY ADL'S CEO WHO PRESENTS A RECOMMENDATION TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE ADL FOUNDATION AND ADL. THE

Schedule O (Form 990) 2022 Page **2**

Name of the organization ANTI-DEFAMATION LEAGUE FOUNDATION	Employer identification number 13-2887439
EXECUTIVE COMPENSATION COMMITTEE MAKES A DECISION ON THE RECOMMENDATION, AS	
DOCUMENTED IN THE RESPECTIVE COMMITTEE MEETING MINUTES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY	
NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION	
ARE MADE AVAILABLE TO THE PUBLIC THROUGH A DIRECT LINK ON THE ADL/ADL	
FOUNDATION WEBSITE, (WWW.ADL.ORG). FURTHERMORE, A FULL SET OF THE	
CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION IS	
AVAILABLE UPON REQUEST AS INDICATED ON THE ADL/ADL FOUNDATION WEBSITE. ADL	
FOUNDATION'S CERTIFICATE OF INCORPORATION IS AVAILABLE WITH THE SECRETARY	
OF STATE OF NEW YORK.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF CHARITABLE TRUST AND ANNUITY AGREEMENTS -316,344.	
ELIMINATION OF NET ASSETS IN CONSOLIDATED FINANCIAL	
STATEMENTS -9,267.	
RECOVERY OF BAD DEBT 271,250.	
TOTAL TO FORM 990, PART XI, LINE 9 -54,361.	

SCHEDULE R (Form 990)

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.

ANTI-DEFAMATION LEAGUE FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-2887439

Department of the Treasury Internal Revenue Service Name of the organization

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

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.				
(a)	(b)	(c)	(d)	(e))	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total inco	me End-of-yea	ear assets Direct control entity		g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	ecause it had one	or more related tax-ex	empt	
(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	entity	
ANTI-DEFAMATION LEAGUE - 13-1818723				301(0)(3))		Yes	No
605 THIRD AVENUE	_						
NEW YORK, NY 10158		DISTRICT OF COLUMBIA	501(C)(3)	LINE 9	N/A		х
ADLF COMMON FUND - 13-3095748					,	-	
605 THRID AVENUE							
NEW YORK, NY 10158	ASSIST & SUPPORT ADL	NEW YORK	501(C)(3)	PF	ADL		х
ANTI-DEFAMATION LEAGUE - ISRAEL							
21 JABOTINSKY STREET							
JERUSALEM, ISRAEL, ISRAEL	ADVOCACY	ISRAEL			ADL		Х

		0 11 10 1	"'' " " " " " " " " " " " " " " " " " "	D 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
n	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 34. b	ecause it had one or	more related
				,,		
	organizations treated as a partnership during the tax year.					
	organizations treated as a partitoronip during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(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	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	ity?
CHARITABLE REMAINDER TRUST (14)	CHARITABLE TR		ADL FOUNDATION	mpiiem	0.	0.		Yes	No
CHARTIADES REMAINDER IROST (14)	CHARTIADES IN	CA	ADD TOONDATION	INOST	<u> </u>	0.		A	

Part V 1	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34.	, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)							
е	e Loans or loan guarantees by related organization(s)							
f	Dividends from related organization(s)				1f		Х	
	g Sale of assets to related organization(s)							
	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)						Х	
- 1	Performance of services or membership or fundraising solicitations for related organ				11	Х		
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
	q Reimbursement paid by related organization(s) for expenses							
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	s Other transfer of cash or property from related organization(s)						Х	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
(1)								
(2)								
(3)								
,								
(4)								
(5)								

Page 4

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 sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000