

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

## A For the 2022 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ANTI-DEFAMATION LEAGUE FOUNDATION		<b>D</b> Employer identification number 13-2887439
	Doing business as		<b>E</b> Telephone number (212) 885-7700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	605 THIRD AVENUE		<b>G</b> Gross receipts \$ 22,914,481.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10158-3560		
<b>F</b> Name and address of principal officer: JONATHAN GREENBLATT SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: N/A

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1977 **M** State of legal domicile: NY

### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	41
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	39
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	40
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	12,581,863.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	10,306,007.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	6,776,104.	18,425,656.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	291,946.	291,947.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,758,053.	3,929,039.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	780,045.	6,617.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,606,148.	22,653,259.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	9,824,492.	15,636,936.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	2,651,510.	2,131,492.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,919,065.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,114,626.	1,765,898.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	14,590,628.	19,534,326.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	15,520.	3,118,933.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	159,935,377.	143,027,532.
		13,824,837.	12,822,236.
		146,110,540.	130,205,296.

### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	GREGORY LIBERTINY, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DANIEL ROMANO		11/15/2023		P00504182
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	GRANT THORNTON LLP	36-6055558		(212) 599-0100	
	Firm's address				
	757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://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 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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  ANTI-DEFAMATION LEAGUE FOUNDATION	Taxpayer identification number (TIN)  13-2887439
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 605 THIRD AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see 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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	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)	07		

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 box . 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.

**1** 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:  
▶  calendar year 2022 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 15,636,936. including grants of \$ 15,636,936. ) (Revenue \$ 0. ) 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 (Code: ) (Expenses \$ 263,318. including grants of \$ 0. ) (Revenue \$ 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.

4c (Code: ) (Expenses \$ 18,805. including grants of \$ 0. ) (Revenue \$ 291,947. ) SEE SCHEDULE O

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

4e Total program service expenses 15,919,059.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes sections 2a through 17, covering topics like employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (41); 1b Enter the number of voting members included on line 1a, above, who are independent (39); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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 only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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, 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-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN A. GREENBLATT CEO & NATIONAL DIRECTOR	6.00 34.00	X		X				175,278.	993,249.	39,451.
(2) FREDERIC L. BLOCH TRUSTEE	6.00 34.00	X						76,314.	432,451.	9,935.
(3) STEVEN C. SHEINBERG GENERAL COUNSEL & ASST. SECRETARY	6.00 34.00			X				46,542.	263,736.	14,933.
(4) GREGORY LIBERTINY CFO	6.00 34.00			X				45,260.	256,478.	9,705.
(5) ABRAHAM R. FOXMAN NATIONAL DIR. EMERITUS (ADL)	0.00 0.00					X		0.	81,275.	0.
(6) MICHAEL SHEETZ TRUSTEE, PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(7) ANDREW ADELSON TRUSTEE, EXECUTIVE VP	0.50 2.00	X		X				0.	0.	0.
(8) FAITH COOKLER TRUSTEE, SECRETARY	0.50 0.00	X		X				0.	0.	0.
(9) BARBARA ADELMAN TRUSTEE, TREASURER	1.50 0.00	X		X				0.	0.	0.
(10) RONALD BALSER TRUSTEE	0.50 0.00	X						0.	0.	0.
(11) BARBARA BALSER TRUSTEE	0.50 0.00	X						0.	0.	0.
(12) HOWARD BERKOWITZ TRUSTEE	1.50 0.00	X						0.	0.	0.
(13) MARTIN BUDD TRUSTEE	1.50 0.00	X						0.	0.	0.
(14) BARRY CURTISS-LUSHER TRUSTEE	0.50 2.00	X						0.	0.	0.
(15) ESTA GORDON EPSTEIN TRUSTEE	0.50 2.00	X						0.	0.	0.
(16) JOSEPH GOLDBLUM TRUSTEE	1.50 0.00	X						0.	0.	0.
(17) THOMAS HOMBURGER TRUSTEE	0.50 0.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIC HORODAS TRUSTEE	1.50 0.00	X						0.	0.	0.
(19) ROCHELLE JACOBSON TRUSTEE	0.50 0.00	X						0.	0.	0.
(20) BRUCE KARPATI TRUSTEE	0.50 0.00	X						0.	0.	0.
(21) CHARLES KRISER TRUSTEE	0.50 0.00	X						0.	0.	0.
(22) ELLIS LANDAU TRUSTEE	0.50 0.00	X						0.	0.	0.
(23) BURTON LEVINSON TRUSTEE	0.50 0.00	X						0.	0.	0.
(24) GLEN LEWY TRUSTEE	4.50 2.00	X						0.	0.	0.
(25) STEVE LYONS TRUSTEE	0.50 0.00	X						0.	0.	0.
(26) LAWRENCE MILLER TRUSTEE	0.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								343,394.	2,027,189.	74,024.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								343,394.	2,027,189.	74,024.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID MILLSTONE TRUSTEE	0.50 0.00	X						0.	0.	0.
(28) MARVIN NATHAN TRUSTEE	0.50 0.00	X						0.	0.	0.
(29) STEVEN NICHOLS TRUSTEE	0.50 0.00	X						0.	0.	0.
(30) SHELLEY PARKER TRUSTEE	0.50 0.00	X						0.	0.	0.
(31) ARTHUR REIDEL TRUSTEE	0.50 0.00	X						0.	0.	0.
(32) ROBERT ROSEN TRUSTEE	0.50 0.00	X						0.	0.	0.
(33) GIDEON ROTHSCHILD TRUSTEE	0.50 0.00	X						0.	0.	0.
(34) WILLIAM SAPERS TRUSTEE (THRU 12/2022)	0.50 0.00	X						0.	0.	0.
(35) BEN SAX TRUSTEE	1.50 2.00	X						0.	0.	0.
(36) MILTON SCHNEIDER TRUSTEE	2.50 2.00	X						0.	0.	0.
(37) PAMELA SCHWARTZ TRUSTEE	0.50 0.00	X						0.	0.	0.
(38) HOWARD SHERWOOD TRUSTEE	0.50 0.00	X						0.	0.	0.
(39) GEORGE STARK TRUSTEE	1.50 0.00	X						0.	0.	0.
(40) DAVID STRASSLER TRUSTEE	0.50 0.00	X						0.	0.	0.
(41) ROBERT SUGARMAN TRUSTEE	0.50 0.00	X						0.	0.	0.
(42) GLEN TOBIAS TRUSTEE	1.50 0.00	X						0.	0.	0.
(43) TRACY TREGER TRUSTEE	0.50 0.00	X						0.	0.	0.
(44) MITCH WESELEY TRUSTEE	1.50 0.00	X						0.	0.	0.
(45) CHRISTOPHER WOLF TRUSTEE	2.50 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII 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 function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	18,425,656.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			18,425,656.			
Program Service Revenue	<b>2 a</b>	RENTAL INC FROM AFF. EXEMPT ORG.	<b>Business Code</b>	900099	291,947.	291,947.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			291,947.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			1,513,982.		12,581,863.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					-11,067,881.	
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					2,676,279.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	261,222.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	2,415,057.				
	<b>d</b>	Net gain or (loss) .....			2,415,057.		2,415,057.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	<b>Business Code</b>	900099	6,617.		6,617.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			6,617.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			22,653,259.	291,947.	12,581,863.	-8,646,207.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	15,636,936.	15,636,936.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	354,497.	43,793.	108,623.	202,081.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,470,141.	181,617.	450,472.	838,052.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	47,409.	5,857.	14,527.	27,025.
<b>9</b> Other employee benefits .....	151,578.	18,725.	46,446.	86,407.
<b>10</b> Payroll taxes .....	107,867.	13,326.	33,051.	61,490.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	32,263.		32,263.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	530,805.		530,805.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	663,672.	13,067.	163,589.	487,016.
<b>12</b> Advertising and promotion .....	223,326.	4,397.	55,048.	163,881.
<b>13</b> Office expenses .....	20,791.		17,663.	3,128.
<b>14</b> Information technology .....	2,700.	53.	666.	1,981.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	101,558.		101,558.	
<b>17</b> Travel .....	63.		63.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	11,948.		11,948.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	47,922.		47,922.	
<b>23</b> Insurance .....	65,417.	1,288.	16,125.	48,004.
<b>24</b> 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.)				
<b>a</b> OTHER TAX EXPENSES	59,584.		59,584.	
<b>b</b> UBTI TAX EXPENSE	5,849.		5,849.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	19,534,326.	15,919,059.	1,696,202.	1,919,065.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	10,178,965.	<b>2</b>	9,198,939.
	<b>3</b> Pledges and grants receivable, net .....	12,117,296.	<b>3</b>	13,376,419.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	33,188.	<b>9</b>	11,901.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,835,051.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,213,938.		
	<b>11</b> Investments - publicly traded securities .....	1,669,035.	<b>10c</b>	1,621,113.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	74,188,095.	<b>11</b>	71,320,348.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	53,881,655.	<b>12</b>	44,168,710.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,867,143.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	159,935,377.	<b>15</b>	3,330,102.	
		<b>16</b>	143,027,532.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	135,018.	<b>17</b>	493,869.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,000,000.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,689,819.	<b>25</b>	12,328,367.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	13,824,837.	<b>26</b>	12,822,236.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	18,563,822.	<b>27</b>	20,215,701.
	<b>28</b> Net assets with donor restrictions .....	127,546,718.	<b>28</b>	109,989,595.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	146,110,540.	<b>32</b>	130,205,296.
<b>33</b> Total liabilities and net assets/fund balances .....	159,935,377.	<b>33</b>	143,027,532.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,653,259.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,534,326.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,118,933.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	146,110,540.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-18,969,816.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-54,361.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	130,205,296.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** 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? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2022)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> 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.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,745,422.	16,536,534.	32,474,850.	6,776,104.	18,425,656.	89,958,566.
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4.						71,906,918.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	15,745,422.	16,536,534.	32,474,850.	6,776,104.	18,425,656.	89,958,566.
<b>8</b> 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.
<b>9</b> 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.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				780,045.	6,617.	786,662.
<b>11 Total support.</b> Add lines 7 through 10						110,878,769.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,459,731.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	64.85 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	67.12 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> 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.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

ANTI-DEFAMATION LEAGUE FOUNDATION

Employer identification number

13-2887439

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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).

Name of organization  <b>ANTI-DEFAMATION LEAGUE FOUNDATION</b>	<b>Employer identification number</b>  13-2887439
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>ANTI-DEFAMATION LEAGUE FOUNDATION</b>	<b>Employer identification number</b>  13-2887439
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 964,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 963,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 789,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 584,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 505,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ANTI-DEFAMATION LEAGUE FOUNDATION</b>	<b>Employer identification number</b>  13-2887439
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>429,796.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  ANTI-DEFAMATION LEAGUE FOUNDATION	Employer identification number  13-2887439
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>ANTI-DEFAMATION LEAGUE FOUNDATION</b>	Employer identification number  13-2887439
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**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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ANTI-DEFAMATION LEAGUE FOUNDATION Employer identification number 13-2887439

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	110,100,993.	94,293,621.	106,085,363.	86,951,696.	92,038,956.
b Contributions	8,087,466.	8,331,418.	27,772,133.	11,096,741.	8,739,345.
c Net investment earnings, gains, and losses	-15,743,555.	12,259,592.	7,045,141.	12,431,051.	-7,056,433.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,073,123.	4,783,638.	8,737,734.	4,394,125.	6,770,172.
f Administrative expenses					
g End of year balance	97,371,781.	110,100,993.	132,164,903.	106,085,363.	86,951,696.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,150,224.		1,150,224.
b Buildings		5,164,019.	4,890,600.	273,419.
c Leasehold improvements		323,338.	323,338.	0.
d Equipment				
e Other		197,470.		197,470.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,621,113.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) 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)		
<b>Total.</b> (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 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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)	
<b>Total.</b> (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 ...

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ANTI-DEFAMATION LEAGUE FOUNDATION ("ADLF") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATION QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. UNDER U.S. GAAP, THE TAX EFFECTS FROM UNCERTAIN TAX POSITIONS ARE TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAX AUTHORITY.

ADLF COMPLETED AN ANALYSIS OF ITS UNCERTAIN TAX POSITIONS IN ACCORDANCE



**Part XIII** Supplemental Information (continued)

WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THERE ARE NO AMOUNTS TO

BE RECOGNIZED ON THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31,

2022 OR 2021.

PART V, LINE 1C:

ADL'S ENDOWMENT, HELD ENTIRELY BY THE ADL FOUNDATION, CONSISTS OF

DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES.

PART V, LINE 4:

THE ADL FOUNDATION ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS

ESTABLISHED FOR A VARIETY OF PROGRAM PURPOSES (SEE PART III FOR STATEMENT

OF PROGRAM SERVICE ACCOMPLISHMENTS). AS REQUIRED BY GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE

CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED

RESTRICTIONS.







**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART IV:

THE ADL FOUNDATION OWNS SHARES OF INVESTMENTS DOMICILED OUTSIDE OF THE

UNITED STATES. THE ADL FOUNDATION INVESTS IN DOMESTIC AND FOREIGN

INVESTMENT VEHICLES THAT MAY OWN AN INTEREST IN FOREIGN CORPORATIONS,

PASSIVE FOREIGN INVESTMENT COMPANIES, OR FOREIGN PARTNERSHIPS.

NEVERTHELESS, ADL FOUNDATION'S ACTIVITIES MAY NOT REACH THE THRESHOLDS

REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865. TO THE EXTENT

SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH ADL FOUNDATION'S FORM

990-T.



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ADL FOR GOOD CAMPAIGN - THE ADL FOUNDATION TRANSFERS FUNDS TO THE LEAGUE

UPON THE FULFILLMENT OF ANY RELEVANT ACTIVITIES. DOCUMENTATION IS REVIEWED

AS APPROPRIATE.

SPIN OFF OF ENDOWMENT INCOME - THESE FUNDS WERE DISTRIBUTED FROM

DONOR-RESTRICTED ENDOWMENT FUNDS IN ACCORDANCE WITH DONOR RESTRICTIONS AND

ADL FOUNDATION POLICY.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ANTI-DEFAMATION LEAGUE FOUNDATION

Employer identification number

13-2887439

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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.

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

**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.

EXECUTIVE COMPENSATION COMMITTEE. \$14,100 WAS 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.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ANTI-DEFAMATION LEAGUE FOUNDATION

Employer identification number

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

232211 10-28-22

Name of the organization ANTI-DEFAMATION LEAGUE FOUNDATION	Employer identification number 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.

FORM 990, PART V, LINE 2A:

Name of the organization ANTI-DEFAMATION LEAGUE FOUNDATION	Employer identification number 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,

Name of the organization ANTI-DEFAMATION LEAGUE FOUNDATION	Employer identification number 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



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)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <p align="center">ANTI-DEFAMATION LEAGUE FOUNDATION</p>	Employer identification number <p align="center">13-2887439</p>
---	--

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ANTI-DEFAMATION LEAGUE - 13-1818723 605 THIRD AVENUE NEW YORK, NY 10158	ELIMINATE ANTI-SEMITISM	DISTRICT OF COLUMBIA	501(C)(3)	LINE 9	N/A		X
ADLF COMMON FUND - 13-3095748 605 THRID AVENUE NEW YORK, NY 10158	ASSIST & SUPPORT ADL	NEW YORK	501(C)(3)	PF	ADL		X
ANTI-DEFAMATION LEAGUE - ISRAEL 21 JABOTINSKY STREET JERUSALEM, ISRAEL, ISRAEL	ADVOCACY	ISRAEL			ADL		X

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

Schedule R (Form 990) 2022



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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

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

FORM 990, SCHEDULE R, PART IV COLUMN (C) - DOMICILES OF RELATED TRUSTS

CA, CO, IA, NJ, NY, PA, WA

Multiple horizontal lines for supplemental information.