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

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

Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

<u>A</u> I	For the	2023 calendar year, or tax year beginning JA	AN 1, 2023 and	ending J	UN 30, 2023				
В	Check if applicable	C Name of organization			D Employer identif	ication number			
	Addres	S ANTI-DEFAMATION LEAGUE							
	Name change	D :			13-1818723				
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number				
	Final	605 THIRD AVENUE	ivorou to ourout addroso,	Troom/outo	(212) 885-7				
	⊥return/ termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	39,770,013.			
	Amend		_ii oi ioroigii pootai oodo		H(a) Is this a group r				
	Applica tion		THAN GREENBLATT		for subordinate				
	pendin	SAME AS C ABOVE			H(b) Are all subordinates				
$\overline{}$	Tax-exe	mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1 ` ′	a list. See instructions			
	Websit		(H(c) Group exemption				
			sociation Other	L Year		M State of legal domicile: DC			
		Summary				<u> </u>			
	1	Briefly describe the organization's mission or most	significant activities: ADL WA	S FORMED	IN 1913 TO STOP				
Governance	'	THE DEFAMATION OF THE JEWISH PEOPLE AN							
naı	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net as	sets.			
Ve	3	Number of voting members of the governing body	(Part VI, line 1a)		з	18			
		Number of independent voting members of the gov				17			
ري دي	5	Fotal number of individuals employed in calendar y				0			
/itie	6	Total number of volunteers (estimate if necessary)				3500			
Activities &	7 a	Total unrelated business revenue from Part VIII, co				0.			
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11		7b				
					Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)			103,024,878.	37,830,522.			
Revenue	9	Program service revenue (Part VIII, line 2g)			1,784,739.				
ě	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		-6,600.	9,488.			
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	, 9c, 10c, and 11e)		627,758.	-187,099.			
		Fotal revenue - add lines 8 through 11 (must equal			105,430,775.	38,294,911.			
	13	Grants and similar amounts paid (Part IX, column (/	A), lines 1-3)		660,730.	564,509.			
	1	Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		0.	0.			
es	15	Salaries, other compensation, employee benefits (F			56,653,581.	33,515,180.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			1,417,773.	703,216.			
ă	b b	Fotal fundraising expenses (Part IX, column (D), line	,						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			41,462,170.				
		Fotal expenses. Add lines 13-17 (must equal Part I			100,194,254.				
	19	Revenue less expenses. Subtract line 18 from line	12		5,236,521.				
SOF				Ве	ginning of Current Year	End of Year			
Sset	20				93,995,360.	67,064,785.			
Net Assets or	21	, , , , , , , , , , , , , , , , , , , ,			62,499,300.	54,989,891.			
	art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		31,496,060.	12,074,894.			
		ties of perjury, I declare that I have examined this return,	including accompanying achadula	and statem	anta and to the heat of m	v knowledge and halief it is			
		ties of perjury, I declare that I have examined this return, , and complete. Declaration of preparer (other than office				y knowledge and belief, it is			
uue	, correc	, and complete. Declaration of preparer (other than office	1) is based on all information of wi	licii preparei	lias any knowledge.				
Sig	_	Signature of officer			I Date				
Her		GUSAN ROBERSON, CHIEF FINANCIAL OFFICE	₹R						
пе	•	Type or print name and title				_			
_		Print/Type preparer's name	Preparer's signature	[Date Check	PTIN			
Paid	ا ر	DANIEL ROMANO	1. Topal of a dignature		if self-emplo				
	parer	Firm's name GRANT THORNTON LLP			Firm's EIN	36-6055558			
	Only	Firm's address 757 THIRD AVENUE, 3RD FLOO	DR		TAITOLIN				
		NEW YORK, NY 10017-2013			Phone no. (2:	12) 599-0100			
Ma	v the I F	S discuss this return with the preparer shown abo	ve? See instructions			X Yes No			

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** ANTI-DEFAMATION LEAGUE 13-1818723 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 605 THIRD AVENUE return. See instructions. 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 Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JASON SCHMIDT 605 THIRD AVENUE - NEW YORK, NY 10158-3560 Telephone No. (212) 885-7700 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box , 20 24 I request an automatic 6-month extension of time until $\,$ $\,$ MAY $\,$ 15 $\,$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 tax year beginning JAN 1 , 20 ²³ , and ending JUN 30 , 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс 0.

	1990 (2023) ANTI-DEFAMATION LEAGUE	13-1818723	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	ADL (THE "LEAGUE") IS A LEADING ANTI-HATE ORGANIZATION THAT WAS		
	FOUNDED IN 1913 IN RESPONSE TO AN ESCALATING CLIMATE OF ANTISEMITISM		
	AND BIGOTRY. TODAY, ADL IS THE FIRST CALL WHEN ACTS OF ANTISEMITISM		
	OCCUR AND CONTINUES TO FIGHT ALL FORMS OF HATE. (CONTINUED IN SCH. 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
	If "Yes," describe these new services on Schedule O.		103110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
3			res INO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	es, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$14,756,691. including grants of \$359,096.) (Revenue)		05 000 :
4a		\$	25,000.
	POLICY AND PROGRAMS - SEE SCHEDULE O		
416	(Code:) (Expenses \$ 13,557,609. including grants of \$ 195,189.) (Revenue		0.)
4b	(Code:) (Expenses \$13,557,609. including grants of \$) (Revenue 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		
	EVALUATE REGIONAL REACH AND IMPACT.		
4c	(Code:) (Expenses \$ 6,309,887. including grants of \$ 8,800.) (Revenue	\$	617,000.)
	(Code:)(Expenses \$6,309,887. including grants of \$8,800.) (Revenue EDUCATION - FURTHERS THE ADL'S MISSION THROUGH THE DESIGN AND DELIVERY		
	OF INTERGROUP, HOLOCAUST, ANTI-BIAS, AND OTHER EDUCATIONAL PROGRAMS AND		
	MATERIALS FOR USE IN P-12 CLASSROOMS, ON COLLEGE CAMPUSES, AND WITH		_
	COMMUNITY GROUPS, CORPORATIONS, CIVIC ASSOCIATIONS, RELIGIOUS		
	ORGANIZATIONS, YOUTH MOVEMENTS, AND OTHER NONTRADITIONAL LEARNING		
	CONTEXTS.		
	CONTENTS,		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 8,765,206. including grants of \$ 1,424.) (Revenue \$	0.)	
<u>4e</u>	Total program service expenses 43,389,393.		
		Fo	rm 990 (2023)

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Form 990 (2023) Part IV Checklist of Required Schedules

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

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Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اء	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		\vdash
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		l x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_	х	
05-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	Λ	
D		35b	х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		\vdash
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	Щ_

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		· ·
Ī	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		х
ام		7c		21
d		7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		Х
	excess parachute payment(s) during the year?	15		Α
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yos " complete Form 4720, Schoolule O.	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	17		
	ii 100, 00mpioto 10mm0000.			

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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.

	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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	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?	16a		х
h	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?	16b		
Sec	tion C. Disclosure	100		
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	onlyl	availal	ole
.5	for public inspection. Indicate how you made these available. Check all that apply.	Jiny)	a v anal	-10
	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	finan	rial	
19	statements available to the public during the tax year.	man	Jicu	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JASON SCHMIDT - (212) 885-7700			

Form **990** (2023)

605 THIRD AVENUE, NEW YORK, NY 10158-3560

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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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition more		one	Reportab l e	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any		00. 4				100,	from the	from related organizations	other compensation
	hours for	director				- -		organization	(W-2/1099-MISC/	from the
	related	ne or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe :		1099-NEC)	,	and related
	below	Individual trustee or	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
7.0	line)	pul	<u>IS</u>	ij,	Ke	E Hig	For			
(1) JONATHAN GREENBLATT	34.00			l					_	_
CEO & NATIONAL DIRECTOR	6.00	Х		Х				0.	0.	0.
(2) FREDERIC BLOCH	34.00			l					_	_
SVP, GROWTH	6.00			Х				0.	0.	0.
(3) STEVEN SHEINBERG	34.00			l					_	_
SVP & GENERAL COUNSEL	6.00			Х				0.	0.	0.
(4) GREGORY LIBERTINY	34.00									
SVP, FIN. & ADMIN.	6.00			Х		_		0.	0.	0.
(5) GERALDINE ACUNA-SUNSHINE	2.00									_
DIRECTOR	0.00	Х	_	_				0.	0.	0.
(6) ANDY ADELSON	2.00	١,,								
TREASURER	0.50	Х						0.	0.	0.
(7) BARRY CURTISS-LUSHER	2.00									_
DIRECTOR	0.50 2.00	Х						0.	0.	0.
(8) ESTA GORDON EPSTEIN DIRECTOR	0.50	х						0.	0.	,
(9) YASMIN GREEN	2.00	Λ					-	0.	٠.	0.
SECRETARY	0.00	х						0.	0.	,
(10) YADIN KAUFMANN	2.00	Λ					-	0.	٠.	0.
DIRECTOR	0.00	х						0.	0.	,
(11) ALAN LAZOWSKI	2.00	Λ					-	0.	٠.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(12) GLEN LEWY	2.00	Λ						0.	0.	· · ·
DIRECTOR	4.50	х						0.	0.	0.
(13) DANIEL LUBETZKY	2.00	Δ.						· · · · · · · · · · · · · · · · · · ·	· ·	·
DIRECTOR	0.00	х						0.	0.	0.
(14) NICOLE MUTCHNIK	2.00	71						· · · · · · · · · · · · · · · · · · ·	· ·	<u> </u>
VICE-CHAIR	0.00	х						0.	0.	0.
(15) ELIZABETH PRICE	2.00							•	· ·	<u>·</u>
DIRECTOR	0.00	х						0.	0.	0.
(16) BEN SAX	2.00	 ``				\vdash		· · · ·	•	<u>_</u>
CHAIR	1.50	х						0.	0.	0.
(17) MILTON SCHNEIDER	2.00	 -	\vdash	\vdash		\vdash		†	•	<u>.</u>
DIRECTOR	2.50	х						0.	0.	0.
·- ·- ·							<u> </u>	<u>.</u>	<u>*•</u>	<u>, </u>

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Form 990 (2023) ANTI-DEFAMATION LEAGUE 13-1818723 Page **8**

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box offi	not cl , unle:	ss per	ition more son i	than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amoun othe	t of r
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compens from t organiza and rela organiza	he ation ated
(18) LARRY SCOTT VICE-CHAIR	2.00	x	_)		1 0		0.	0.		0.
(19) SHAMINA SINGH	2.00										<u>-</u>
DIRECTOR	0.00	х						0.	0.		0.
(20) ROB STAVIS	2.00	.,						0	0		0
C21) CHRISTOPHER WOLF	0.00 2.00	Х			_	_		0.	0.		0.
DIRECTOR	2.50	х						0.	0.		0.
1b Subtotal								0.	0.		0.
c Total from continuation sheets to Part VII								0.	0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization											0.
compensation from the organization										Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			-	-	-		_	hest compensated empl	-	3	Х
4 For any individual listed on line 1a, is the su	m of reportab l	e co	mpe	ensa	tion	and	oth	er compensation from th	ne organization		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a										4	A
rendered to the organization? If "Yes." com	-				-			=		5	Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mneneated ind	lana	nder	at co	ntra	ector	re th	nat received more than \$	100 000 of compans	tion from	
the organization. Report compensation for t											
(A) Name and business	address	NO:	NE					(B) Description of s	ervices ((C) Compensati	on
2 Total number of independent contractors (in \$100,000 of compensation from the organize	•	ot l in	nited	d to t	thos		ted	above) who received mo	ore than		
									•	Form 990	(2023)

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Form 990 (2023) ANTI-DEFAM
Part VIII Statement of Revenue

Pa	LV								
		Check if Schedule O c	ontains	a response	or note to any lin		(D)	(C)	<u> </u>
						(A) Total revenue	(B) Related or exempt		(D) Revenue excluded
						Total Toveride		business revenue	from tax under
				1 1					sections 512 - 514
nts	1 :			1a					
ar our	ı								
S, (•	c Fundraising events		1c	3,611,897.				
뜵崮		d Related organizations		1d	7,483,702.				
imi		e Government grants (contril	butions)	1e					
rio S	1	f All other contributions, gifts, g	ırants, an	ıd					
質量		similar amounts not included a	above	. 1f	26,734,923.				
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contributions included in li	nes 1a-1f	1g \$					
မှ င		h Total. Add lines 1a-1f				37,830,522.			
					Business Code				
၉	2	a EDUCATION			900099	617,000.	617,000.		
ξ	- 1	b POLICY & PROGRAMS			900099	25,000.	25,000.		
% व		c							
am		d							
Program Service Revenue		e							
<u>-</u>	1	f All other program service re	evenue						
	(g Total. Add lines 2a-2f				642,000.			
	3	Investment income (includi	ing divid	lends, inter	est, and				
		other similar amounts)				16,943.			16,943.
	4	Income from investment of	tax-exe	mpt bond p	oroceeds				
	5	Royalties	 			5,853.			5,853.
				(i) Real	(ii) Personal				
	6	a Gross rents	6a						
	- 1	b Less: rental expenses	6b						
		c Rental income or (loss)	6с						
		d Net rental income or (loss)	<u>.</u>						
	7 :	a Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a	857,106	,				
	- 1	b Less: cost or other basis							
e l		and sales expenses	7b	864,561.					
Revenue		c Gain or (loss)	7c	-7,455.	.				
		d Net gain or (loss)		<u></u>		-7,455.			-7,455.
her	8	a Gross income from fundraisin							
₽		including \$3,6	11,897	<u>•</u> of					
		contributions reported on I	ine 1c).	See					
		Part IV, line 18							
	ı				610,541.				
		c Net income or (loss) from f		_		-325,241.			-325,241.
	9 :	a Gross income from gaming							
		Part IV, line 19							
)				
		c Net income or (loss) from g							
	10	a Gross sales of inventory, le							
		and allowances		10	a				
				· · · · · · · · · · · · · · · · · · ·	b				
	•	c Net income or (loss) from s	ales of i	nventory .	T				
္အ					Business Code				
noe e	11 :				900099	57,969.			57,969.
lanc	- 1	b MISCELLANEOUS INCOME	3		900099	43,142.			43,142.
Miscellaneous Revenue	•	C HONORARIUM			900099	31,178.			31,178.
Mis									
						132,289.			
	12	Total revenue. See instruction	ns			38,294,911.	642,000.	0.	-177,611.

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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 respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	526,789.	526,789.		
2	Grants and other assistance to domestic	27 700	27 700		
	individuals. See Part IV, line 22	37,720.	37,720.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 000 550	007 167	122 260	02 02
_	trustees, and key employees	1,092,559.	887,167.	122,368.	83,024
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	04 470 410	20 164 102	2 410 005	1 005 510
7	Other salaries and wages	24,479,418.	20,164,103.	2,419,805.	1,895,510
8	Pension plan accruals and contributions (include	1 506 760	1 100 674	101 101	116 005
_	section 401(k) and 403(b) employer contributions)	1,506,760. 4,372,464.	1,198,674. 3,310,931.	191,181. 730,030.	116,905 331,503
9	Other employee benefits	, ,	1,563,190.		156,489
10	Payroll taxes	2,063,979.	1,303,190.	344,300.	150,403
11	Fees for services (nonemployees):				
_	Management	115,922.		115,922.	
b	Legal	1,078,633.		1,078,633.	
	Accounting	205,536.		205,536.	
	Lobbying	703,216.		203,330.	703,216
	Professional fundraising services. See Part IV, line 17	703,210.			705,210
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4,762,252.	3,880,725.	516,180.	365,347
40	column (A), amount, list line 11g expenses on Sch O.)	906,537.	570,319.	30,000.	306,218
12	Advertising and promotion	841,246.	544,396.	87,255.	209,595
13	Office expenses	2,425,597.	1,880,687.	158,899.	386,011
14	Information technology	2,425,557.	1,000,007.	130,033.	300,011
15 16	Royalties	4,419,886.	3,201,611.	467,226.	751,049
	Occupancy	1,667,693.	905,521.	308,463.	453,709
17 18	Travel	1,007,033.	303,321.	300,103.	133,703
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	2,669,233.	2,118,790.	77,107.	473,336
19		324,431.	2,110,750.	324,431.	1,0,000
20		321,131.		321,131.	
21	Payments to affiliates Depreciation, depletion, and amortization	1,070,471.	772,880.	96,342.	201,249
22 23	· · · · · · · · · · · · · · · · · · ·	512,545.	304,388.	128,898.	79,259
23 24	Other expenses, Itemize expenses not covered	322,313.	221,000.	223,030.	, , , 200
	above. (List miscellaneous 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.)				
а	EDUCATIONAL PROGRAMS	979,132.	978,146.	115.	871
b	OTHER EVENT EXPENSES	854,612.	398,071.	154,201.	302,340
C	DUES & SUBSCRIPTIONS	224,398.	130,577.	60,628.	33,193
d	BANK & CREDIT CARD FEES	98,158.	14,708.	83,438.	12
e	All other expenses	, ,	, ,	, -	
25	Total functional expenses. Add lines 1 through 24e	57,939,187.	43,389,393.	7,700,958.	6,848,836
<u>-0</u> 26	Joint costs. Complete this line only if the organization	, , ,	, , ,	, , ,	, ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

Pai	τχ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,467,907.	1	2,883,039.
	2	Savings and temporary cash investments			25,051,755.	2	8,079,869.
	3	Pledges and grants receivable, net			20,064,175.	3	19,254,760.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		·		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			263,500.	8	263,500.
As	9				2,814,132.	9	3,306,771.
	10a		1 1				
		basis. Complete Part VI of Schedule D	10a	30,661,789.			
	b	Less: accumulated depreciation		24,212,306.	7,028,614.	10c	6,449,483.
	11	Investments - publicly traded securities	696,514.	11	506,322.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	28,608,763.	15	26,321,041.		
	16	Total assets. Add lines 1 through 15 (must equ			93,995,360.	16	67,064,785.
	17	Accounts payable and accrued expenses			9,652,575.	17	9,940,317.
	18	Grants payable		18			
	19	Deferred revenue	48,601.	19	46,801.		
	20					20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
တ္က	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantia l c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
Li	23	Secured mortgages and notes payable to unrel	ated thir	d parties	4,000,000.	23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	to related third			
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X			
		of Schedule D			48,798,124.	25	45,002,773.
	26	Total liabilities. Add lines 17 through 25			62,499,300.	26	54,989,891.
		Organizations that follow FASB ASC 958, che	eck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			-4,511,055.	27	-29,213,691.
Ва	28	Net assets with donor restrictions	<u></u>	36,007,115.	28	41,288,585.	
pur		Organizations that do not follow FASB ASC 9	958, che	ck here			
r Fi		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances		<u>_</u>	31,496,060.	32	12,074,894.
	33	Total liabilities and net assets/fund balances			93,995,360.	33	67,064,785.

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

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,		, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	78,152,040.	85,020,986.	99,070,136.	103,024,878.	37,830,522.	403,098,562.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	78,152,040.	85,020,986.	99,070,136.	103,024,878.	37,830,522.	403,098,562.
	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	, ,
Ū	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)						
6	Public support. Subtract line 5 from line 4.						403,098,562.
	etion B. Total Support						100,000,002.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	78,152,040.	85,020,986 .	99,070,136.	103,024,878.	37,830,522.	403,098,562.
	Gross income from interest,	, , ,	, , ,	, , ,	, , ,	, , ,	, , ,
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	326,062.	404,174.	334,870.	785,228.	22,796.	1,873,130.
٥	Net income from unrelated business	320,002.	101,171	331,070.	700,220.	22,750.	1,010,100.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	13,830,477.	2,379,689.	1,436,101.	770 953	117 500	18,843,709.
	assets (Explain in Part VI.)	13,030,477.	2,379,669.	1,436,101.	779,853.	417,589.	
	Total support. Add lines 7 through 10		`				423,815,401.
	Gross receipts from related activities,	•	,			12	14,627,303.
13	First 5 years. If the Form 990 is for th	=	st, second, third, f	ourth, or fifth tax y	year as a section 5	U1(c)(3)	
50	organization, check this box and stor						
	ction C. Computation of Publi			-1 (6)			95.11 %
	Public support percentage for 2023 (I		•	(,,		14	
	Public support percentage from 2022					15	
168	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
t	33 1/3% support test - 2022. If the	· ·				,	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	· ·	•	, ,,			
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

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	ciow, picase comp	note i art ii.j							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1 Gifts, grants, contributions, and	. ,								
membership fees received. (Do not									
include any "unusual grants.")									
2 Gross receipts from admissions,									
merchandise sold or services per-									
formed, or facilities furnished in any activity that is related to the									
organization's tax-exempt purpose									
3 Gross receipts from activities that									
are not an unrelated trade or bus-									
iness under section 513									
4 Tax revenues levied for the organ-									
ization's benefit and either paid to									
or expended on its behalf									
5 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge									
6 Total. Add lines 1 through 5									
7a Amounts included on lines 1, 2, and									
3 received from disqualified persons									
b Amounts included on lines 2 and 3 received from other than disqualified persons that									
exceed the greater of \$5,000 or 1% of the									
amount on line 13 for the year									
c Add lines 7a and 7b									
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support									
• •		T #10000	T	1 , , , , , ,	T ,,,,,,,,				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
9 Amounts from line 6									
dividends, payments received on									
securities loans, rents, royalties,									
and income from similar sources b Unrelated business taxable income									
(less section 511 taxes) from businesses									
anguired offer June 20, 1075									
c 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.)									
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3) organizatio	on,			
check this box and stop here									
Section C. Computation of Publi	c Support Per	rcentage							
15 Public support percentage for 2023 (I	ine 8, co l umn (f), d	livided by line 13,	co l umn (f))		15	%			
16 Public support percentage from 2022					16	%			
Section D. Computation of Inves									
17 Investment income percentage for 20			ine 13, column (f))		17	%			
8 Investment income percentage from 2022 Schedule A, Part III, line 17									
9a 33 1/3% support tests - 2023. 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									
19a 33 1/3% support tests - 2023. If the		more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
19a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box at	nd stop here. The	organization qua l i	fies as a publicly s	supported organiza					
19a 33 1/3% support tests - 2023. If the	nd stop here. The organization did r	organization quali not check a box or	fies as a publicly s Ine 14 or line 19a	supported organiza a, and line 16 is mo	ore than 33 1/3%, a	nd			

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Schedule A (Form 990) 2023 ANTIPart IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
10		
4b		
4c		
.9		
5a		
Ja		
		
5b		_
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6		
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8		
9a		
9b		
9с		
90		
40		
10a		
10b		

332024 12-21-23 Schedule A (Form 990) 2023

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone the provision of the person of the persons of	Sche	dule A (Form 990) 2023 ANTI-DEFAMATION LEAGUE	13-1818723	Pa	age 5
11 Has the organization accepted a gift or centribution from any of the following parsens? A person with ordinerly or indexed youtrols, either claims or together with persons described on lines 11b and 11b blow. The governing body of a supported organization? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide organization is provided organizations. 1 Did the governing body, members of the governing body, officers acting in their critical quasity, or membership of one or more supported organization have the provided to supported organization is supported organizations. Type I support or series of the province of the companies of the companies of the organization of the series of the companies of the companies of the companies of the organization of the series of the organization of the series of the organization of the supported organization of the supported organization of the series of the organization of the supported organization of the series of the supported organization of the supported organizatio	Pai	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 110 and 110 blow, the governing body of a supported arganization? b A family member of a person described on line 11a above? c A 39% controlled writhy of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide deally in Pert VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a resport, of the organization of organizations have the power to regularly appoint or elect at least a resport, of the organization of organizations have the power to regularly appoint or elect at least a resport, of the organization of organizations have the power to regularly appoint or elect at least a resport, of the organization of organizations have the power to regularly appoint or elect at least a resport, of the organization organization operated or owners to appoint and organizations covered to elect the supported organization operated organization operated organizations and write conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the borrell of any supported organization other than the supported organizations operated provided and organizations. Section C. Type III Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of such of the supported organizations or supported organizations is appointed organization or support organization organization is appointed organization was vested in the same persons that controlled or managed the supported organization organiza				Yes	No
1 1s below, the governing body of a supported organization? b A family member of a person described on lien 11 a shere? c A 35% controlled entity of a person described on lien 11 a child below? If "Yes" to line 11a, 11b, or 11c, provide special in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations between the variety of the organization is during the tax year? If "No," described in Part VI in or the supported organization is during the tax year? If "No," described in Part VI in ore supported organizations of the controlled the organization of the their organization organization in Part VI in organization in Part	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described on line 11a above? A 33% controlled entity of a person described on line 11a or 11b above? A 11b	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
c A 35% controlled entity of a parsen dissorbiad on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide potatis in Part M. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or mere supported organizations have the power to regulatly appoint or elect at least a regionity of the organization of officers, officers, organization, obscribe how the powers to appoint and/or memore officers, directively operated, supervised, or controlled the organization and them than one supported organization, obscribe how the powers to appoint and/or memore officers, or insistes were allocated among the supported organization of walk conditions or residence, and applied to such powers during the tax year among the supported organization of parts and the conditions or residence, and applied to such powers during the tax year among the supported organization of the them the supported organization of the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization or trustees of the supported organization (s) that operated, supervised, or controlled the supporting organization or trustees of each of the organization's directors or trustees of each of the organization's supported organization's It "No." (describe in Part VI how control or management of the supporting Organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's tax year. (If a written notice describing the type and amount of support provided during the prior tax year. (If a written notice describing the type and amount of support provided during the prior tax year. (If a organization's officers, directors, or trustees either (If appoint and year officers) and the supported organization's supported organization's and the advantagement of the organization is o		11c below, the governing body of a supported organization?	11a		<u> </u>
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1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported arganizations have the power to regularly appoint or elect at least at majority of the organization's officers, directors, or frustees at all times during the tax year? (I *No. **response in Part VI now the supported organization's officers, directors, or frustees at all times during the tax year? (I *No. **response in Part VI now the supported organization's officers, directors, or frustees at all times during the tax year? (I *No. **response in Part VI now the supported organization or supported organizations and supported organization or management of the supported organizations. 1 Were a majority of the organization supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations and supported organization or supported organization suppor	С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Dot the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of one or more supported organization have the power to regularly appoint or elect at least a majority of the organization of ore or more supported organization, the supported organization of the supported organization, describe, or trustees at all times during the tax year? "It has organization of the stand more than one supported organization, describe how the powers to appoint and/or nervow offices, directors, or trustees were allowed and more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization offer than the supported organization of the them the supported organization of the supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (ii) copies of the organization by the organization or supported organizations). 3 Did the organization provide to each of its supported organizations? If 'No,' 'explain in Part VI how the organization maintenance of access and continuous working relationship with the supported organizationship. 3 Did the organization will be supported organization or			11c		
1 Did the governing body, members of the governing body, officers acting in their official capacity, or mantheship of one or more supported organization is have the power to regularly appoint or elect at least a majority of the organizations (sections, directors, or trustees at all times during the tax year? if "No," describe in Part VI how the supported organizations) effectively operated, supervised, or controlled the organizations activities. If the organization not write that organization and write conditions or restrictions, if any applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of what conditions or restrictions, if any applied to such powers during the tax year. 2 Did the organization operate for the benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. If year, septim in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations? If "No," describe in Part VI how control or management of the supporting organizations is supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization was experiently provided organizations in expert of organizations working relationship with the supported organizati	Sec	tion B. Type I Supporting Organizations			
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2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization determined that these activities but for the organization's position that its supported organization(s) would have een engaged in these activities but for the organization's position that its supported organization(s) would have een engaged in the sea activities but for the organization's position that its supported organizations, or trustees of each of th					
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The following and the followin		of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations					
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.							
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	on C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
-	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see				
	instructions).	. •		,				

Sche	dule A (Form 990) 2023 ANTI-DEFAMATION LEA			13-1818723	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current \	/ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2	2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			1	
_5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7	7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			3	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Part VI

ANTI-DEFAMATION LEAGUE

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: FUNDRAISING EVENTS 2019 AMOUNT: \$ 13,830,477. 2020 AMOUNT: \$ 2,158,606. 2021 AMOUNT: \$ 106,750. 2022 AMOUNT: \$ 624,200. 2023 AMOUNT: \$ 285,300. MISCELLANEOUS INCOME 2020 AMOUNT: \$ 177,775. 2021 AMOUNT: \$ 1,268,148. 2022 AMOUNT: \$ 17,036. 2023 AMOUNT: \$ 43,142. MARKETING AND COMMUNICATIONS 2020 AMOUNT: \$ 43,308. 2021 AMOUNT: \$ 50,601. 2022 AMOUNT: \$ 84,100. 2023 AMOUNT: \$ 57,969. HONORARIUM 2021 AMOUNT: \$ 10,602. 2022 AMOUNT: \$ 54,517. 2023 AMOUNT: \$ 31,178.

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,

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.)
PART II, SHORT YEAR EXPLANATION:
THE ORGANIZATION IS REPORTING A SHORT YEAR ON SCHEDULE A, PART II,
COLUMN (E) - 2023.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

I	ANTI-DEFAMATION LEAGUE	13-1818723							
Organization type (chec	Organization type (check one):								
Filers of:	Section:								
Form 990 or 990-EZ	X 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								
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	tule. See instructions.							
General Rule									
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.								
Special Rules									
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a sing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (EZ, line 1. Complete Parts I and II.	and that received from any one							
For an organization described in section 501(c)(7), (8), or (10) filling 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 \$									
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P lling requirements of Schedule B (Form 990).	` '							
For Paperwork Reduction /	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)							

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

ANTI-DEFAMATION LEAGUE

13-1818723

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	# 2,078,148.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	### Total contributions \$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, addices, and Eir T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
1401	Name, add 655, and Air T T	\$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

ANTI-DEFAMATION LEAGUE 13-1818723

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

Schedule B (Form 990) (2023) Page **4**

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number ANTI-DEFAMATION LEAGUE 13-1818723 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Nο Yes b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

	rt II-A Complete if the orga		n is exen		501(c)(3) and file		ection under		
	section 501(h)).								
A (-	iated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,		
2 (expenses, and share Check if the filing organizati			expenditures). nd "limited control" pro	visions annly				
<u>, </u>	Limits	on Lobk	ying Exper		учысть арргу.	(a) Filing organization's totals	(b) Affiliated group totals		
1.0	a Total lobbying expenditures to influence public opinion (grassroots lobbying)								
	Total lobbying expenditures to influe	•							
	Total lobbying expenditures (add line								
	Other exempt purpose expenditures								
e	Total exempt purpose expenditures								
f	Lobbying nontaxable amount. Enter	•							
	If the amount on line 1e, column (a) or			bying nontaxable am					
	not over \$500,000,			he amount on line 1e.					
	over \$500,000 but not over \$1,000,0	000,	\$100,00	0 plus 15% of the exce	ess over \$500,000.				
	over \$1,000,000 but not over \$1,500	0,000,	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.				
	over \$1,500,000 but not over \$17,00	00,000,	\$225,00	0 plus 5% of the exces	s over \$1,500,000.				
	over \$17,000,000, \$1,000,000.								
g	Grassroots nontaxable amount (ente	er 25% of	line 1f)						
h	Subtract line 1g from line 1a. If zero	or less, e	nter -0						
i	Subtract line 1f from line 1c. If zero								
j	If there is an amount other than zero	on eithe	r line 1h or l	ine 1i, did the organiza	tion file Form 4720	·			
	reporting section 4911 tax for this ye	ear?					Yes No		
	(Some organizations tha		a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	of the five columns b	elow.		
		Lobb	ying Exper	nditures During 4-Yea	r Averaging Period				
	Calendar year (or fiscal year beginning in)	(a) 2	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount								
	(150% of line 2a, column(e))								
С	Total lobbying expenditures								
	Grassroots nontaxable amount								
е	Grassroots ceiling amount								
	(150% of line 2d, column (e))								
				l					

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(b)
	e lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?		Х	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
С	Media advertisements?		Х	
	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?	Х		205,536.
j	Total. Add lines 1c through 1i			205,536.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	า 501(c)(ō), or sec	tion
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic			
_	expenses for which the section 527(f) tax was paid).	u.		
а	Current year		2a	
	Carryover from last year			
	Total			
3			_	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po			
	expenditures next year?		4	
5	Taxable amount of lobbying and political expenditures. See instructions		5	
Par	t IV Supplemental Information			
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group l actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-	A, lines 1 a	nd 2 (see
ADL	HAS STAFF IN REGIONAL OFFICES, AS WELL AS SEVERAL MEMBERS OF THE			
NATI	ONAL STAFF, WHO ENGAGE IN FEDERAL LOBBYING. REGIONAL OFFICE STAFF			
ENGA	GE IN LOBBYING ACTIVITY TO VARYING DEGREES AT THE FEDERAL AND STATE			
LEVE	L. ADL REPRESENTATIVES ALSO ENGAGE IN ADVOCACY ON LEGISLATIVE			
PROF	OSALS RELATED TO HATE CRIMES, ANTISEMITISM, DOMESTIC EXTREMISM,			
			Schedu	le C (Form 990) 2023

332043 11-06-23

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 Inspection

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number

13-1818723

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor o	• • • •	
Par		replaction appropriate "Vee" on Form 000 D	
			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		a historically important land area
	Preservation of land for public use (for example, recrea		a historically important land area a certified historic structure
	Preservation of open space	Preservation of a	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
_	day of the tax year.	led conservation contribution in the form o	Held at the End of the Tax Year
а	Total number of conservation easements		
b	- · ·		
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, $ \\$	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
_			4) (D) (2)
8	Does each conservation easement reported on line 2d above		
•			
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	iote to the organization's imancial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		· ·
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items.	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treatments		gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$ <u> </u>
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or C	Other S	imilar As	sets (cont	inued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	ake sign	ificant use of	f its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's 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 ma						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "Yes	s" on Foi	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	•							
1a	a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included						_		
	on Form 990, Part X? Yes No							_ No	
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
							Amoui	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			7
	Did the organization include an amount on Fo				-	?	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if					Three years I	anak (a) Far	ır vooro	hook
		(a) Current year	(b) Prior year	(c) Two years b	- + `	Three years b			
1a	Beginning of year balance	97,371,781.	110,100,993.	· · ·		90,929,5		,280,	
b	Contributions	1,010,560.	8,087,466.			1,226,3		,706,	
C	Net investment earnings, gains, and losses	7,464,175.	-15,743,555.	12,259,5	94.	5,946,7	39. 11	,347,	320.
d	Grants or scholarships								
е	Other expenditures for facilities	2 510 672	E 072 102	4 702 6		2 000 0	E0 3	40E	227
_	and programs	2,510,672.	5,073,123.	4,783,6	30.	3,809,0	30. 3	,405,	237.
f	Administrative expenses	102 225 044	07 271 701	110 100 0	003	04 203 6	21 00	020	F 4 0
g	End of year balance	103,335,844.	97,371,781.		,93.	94,293,6	21. 90	,929,	549.
2	Provide the estimated percentage of the curr	ent year end balance) held as:					
a	Board designated or quasi-endowment	0.4	_%						
b		%							
С		%							
	The percentages on lines 2a, 2b, and 2c should be the second and the second sec	•			£ 41				
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid ar	ia aaministerea	for the			Yes	No
	organization by:						2-(:)	163	No X
	(i) Unrelated organizations?(ii) Related organizations?							х	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require						Х	
4	Describe in Part XIII the intended uses of the					•••••	<u>SD</u>	<u> </u>	<u> </u>
	t VI Land, Buildings, and Equipm		willent lands.						
	Complete if the organization answered		, Part IV, line 11a, S	ee Form 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or o		or other		umu l ated	(d) Boo	ok va l u	
	2000. plant of property	basis (investm		(other)		ciation	(4)	vaiu	
1a	Land	<u> </u>							
b	Buildings								
	Leasehold improvements		15	,164,802.	12	,901,193.	2	,263,	609.
d	Equipment			,496,987.		,311,113.	+	,185,	
	Other			- 1		· ·		<u>, </u>	
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))			6	,449,	483.
	S (SSIMILITY (M.) THINGE O			·/		Sche	dule D (For		

Schedule D (Form 990) 2023 ANTI-DEFAMATION 1	LEAGUE	13	3-1818723 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line 1	11. See Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
·	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Tatal (Col. (h) must squal Form 000 Port V. line 12 col. (P.))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description		(b) Book value
(1) DUE FROM ANTI-DEFAMATION LEAGUE FOUND			6,231,488.
(2) RIGHT-OF-USE ASSETS			20,089,553.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, con	(B))		26,321,041.
Part X Other Liabilities	. (D ₁₎		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LONG-TERM PENSION OBLIGATIONS			162,706.
(3) LONG-TERM DEBT			21,023,584.
(4) RIGHT-OF-USE LIABILITIES			23,816,483.
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))

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

Schedule D (Form 990) 2023

45,002,773.

Pai	t XI Reconciliation of Revenue per Audited Financial State	ments with R	evenue per me	tarri	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	39,171,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		1,269.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	875,513.		
е	Add lines 2a through 2d			2e	876,782.
3	Subtract line 2e from line 1			3	38,294,911.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	38,294,911.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		xpenses per H	teturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	58,123,883.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	184,696.		
е	Add lines 2a through 2d			2e	184,696.
3	Subtract line 2e from line 1			3	57,939,187.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.	1		5	57,939,187.
)		5	37,333,107.
Pa	rt XIII Supplemental Information				
Pa					
Pa Prov	rt XIII Supplemental Information	Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa Prov	t XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b ar	nd 2b; Part V, line 4		
Prov lines	rt XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b ar	nd 2b; Part V, line 4		
Prov lines	t XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b ar	nd 2b; Part V, line 4		
Prov lines	rt XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V. LINE 4:	Part IV, lines 1b ar additional informa	nd 2b; Part V, line 4		
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Prov lines PART	t XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2 V, LINE 4: ADL FOUNDATION ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDO	Part IV, lines 1b ar additional informa	nd 2b; Part V, line 4		
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Partines PARTITHE ESTA	t XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2 V, LINE 4: ADL FOUNDATION ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDO	Part IV, lines 1b ar additional informa	nd 2b; Part V, line 4		
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PART THE ESTA	t XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4: ADL FOUNDATION ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDO ABLISHED FOR A VARIETY OF PROGRAM PURPOSES (SEE ADL FOUNDAT	Part IV, lines 1b ar additional informational information with the second secon	nd 2b; Part V, line 4		
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PART THE ESTA ASSE ON THE	t XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2 V, LINE 4: ADL FOUNDATION ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWNELISHED FOR A VARIETY OF PROGRAM PURPOSES (SEE ADL FOUNDATE III). AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCINGS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.	Part IV, lines 1b ar additional informa WMENT FUNDS ION FORM 990 PLES, NET RTED BASED	nd 2b; Part V, line 4		
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PARTITHE PARTITHE ESTA ASSE ON THE ESTA THE	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 7 V, LINE 4: ADL FOUNDATION ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWNELISHED FOR A VARIETY OF PROGRAM PURPOSES (SEE ADL FOUNDATED III). AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPALS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. TO X, LINE 2: ANTI-DEFAMATION LEAGUE ("ADL") IS RECOGNIZED BY THE INTERNATION L	Part IV, lines 1b ar additional informa WMENT FUNDS ION FORM 990 PLES, NET RTED BASED AL REVENUE 501(A) OF	nd 2b; Part V, line 4		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** ANTI-DEFAMATION LEAGUE 13-1818723 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) PROGRAM SERVICES SEE PART V 1,925,234. MIDDLE EAST AND NORTH AFRICA 6 PROGRAM SERVICES SEE PART V 886,795. 1 NORTH AMERICA 0 3 PROGRAM SERVICES SEE PART V 137,663. 12 2,949,692. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I c Totals (add lines 3a 2,949,692. and 3b)

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

Schedule F (Form 990) 2023 ANTI-DEFAMATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						!
(h) Description of noncash assistance						
(g) Amount of noncash assistance						
(f) Manner of cash disbursement					ecognized as a tax ivalency letter	
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					is listed above that are re	r entities
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o	other organizations or
1 (a) Name of organization						3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

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

Schedule F (Form 990) 2023 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

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 the Instructions for Form 926)	Yes	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Part V | Supplemental Information

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

PART I, LINE 2:

GRANTS ARE MONITORED BY DESIGNATED INDIVIDUALS WHO HAVE THAT AS PART OF

THEIR JOB RESPONSIBILITY. THE OVERSIGHT INCLUDES FISCAL SUPERVISION AS

WELL AS ENSURING THAT THE SPEND IS DONE IN ACCORDANCE WITH THE GRANT

STIPULATIONS PROVIDED.

PART I, LINE 3:

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

REGION.

PART I, LINE 3(1), COLUMN E:

EUROPE: FUND TRAINING OF ANTI-BIAS EDUCATION PROGRAMS FOR LAW

ENFORCEMENT PROFESSIONALS, EDUCATORS, AND HUMAN RIGHTS NON-GOVERNMENTAL

ORGANIZATIONS IN EUROPE.

PART I, LINE 3(2), COLUMN E:

MIDDLE EAST AND NORTH AFRICA: MAINTAINING RELATIONSHIPS WITH

ORGANIZATIONS AND GOVERNMENTAL BODIES IN ISRAEL IN ORDER TO PROVIDE

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

FOR THE JEWISH PEOPLE.

PART I, LINE 3(3), COLUMN E:

NORTH AMERICA: MAINTAINING RELATIONSHIPS WITH ORGANIZATIONS AND

GOVERNMENTAL BODIES IN CANADA IN ORDER TO CONSULT IN COMBATING

ANTI-SEMITISM AND ADVOCATING FOR THE JEWISH PEOPLE.

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

13-1818723

Part I Fundraising Activities, required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or 	ed funds through any of the following any of the following any of the following any of the following any solicitates and any solicitates are visually and solicitates and any individual and the following and solicitates are visually solicitates and solicitates and solicitates are visually solicitates and solicitates and solicitates are visually soli	tion of tion of fundra (includ	non-g gover aising ling of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CDR FUNDRAISING - 200 PARLIAMENT PLACE, LANHAM, MD	STRATEGY	Yes	No X	1,276,235.	703,216.	573,019.
Total		<u> </u>		1,276,235.	703,216.	573,019.
3 List all states in which the organization rlicensing. AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HMT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, O	I,ID,IL,IN,IA,KS,KY,LA,ME,M	ID,MA	MI,M	N,MS,MO	it is exempt from reg	gistration
DC						

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

Pa	rt I					
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	vents with gross receipt (c) Other events	T T
					•	(d) Total events (add col. (a) through
			FURNISHINGS DINNER	HUMAN REL. AWARDS	22	col. (c)
<u>e</u>			(event type)	(event type)	(total number)	33(3)
Revenue	1	Gross receipts	1,332,759.	583,457.	1,980,981.	3,897,197.
	2	Less: Contributions	1,228,759.	445,457.	1,937,681.	3,611,897.
	3	Gross income (line 1 minus line 2)	104,000.	138,000.	43,300.	285,300.
	4	Cash prizes			380.	380.
S	5	Noncash prizes				
esued:	6	Rent/facility costs	157,519.		74,604.	232,123.
Direct Expenses	7	Food and beverages		26,146.	97,647.	123,793.
՝	8	Entertainment	7,500.		24,500.	32,000.
	9	Other direct expenses	105,702.		73,319.	
	10		9 in column (d)			610,541.
	11		ne 3, column (d)			-325,241.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, l ine 6a.	T			T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	·			Yes No
33208		9-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 ANTI-DEFAMATION LEAGUE 1:	3-18187	723	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	_		
a	ı The organization's facility	13	a	%
	An outside facility		o	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
	: If "Yes," enter name and address of the third party:			
	711 150, Shiol hame and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
16	Gaming manager information.			
	Nama			
	Name			
	Complete recognition of			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		٦.,	
	retain the state gaming license?	L	」Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D -	organization's own exempt activities during the tax year \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: CDR FUNDRAISING			
(I)	ADDRESS OF FUNDRAISER: 200 PARLIAMENT PLACE, LANHAM, MD 20706			

Schedule G (Form 990)	ANTI-DEFAMATION LEAGUE	13-1818723	Page 4
Schedule G (Form 990) Part IV Supplemental Information	mation _(continued)		
-			
-			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public

Inspection

Attach to Form 990.

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

2 Employer identification number 13-1818723 (h) Purpose of grant or assistance X Yes GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 Ö 0 0 (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 35,000 25,000. 45,000, 30,000 45,000 (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 74-1620415 501(C)(3) 74-6001078 501(C)(3) 74-1109620 74-1277664 74-6001399 General Information on Grants and Assistance (b) EIN ANTI-DEFAMATION LEAGUE criteria used to award the grants or assistance? 1 (a) Name and address of organization FOUNDATION - 3100 CLEBURNE ST, HANNAH HALL 201 - HOUSTON, TX WILLIAM MARSH RICE UNIVERSITY PRAIRIE VIEW A&M UNIVERSITY P.O. BOX 519 MAIL STOP 1311 TEXAS SOUTHERN UNIVERSITY UNIVERSITY OF ST. THOMAS or government PRAIRIE VIEW, TX 77446 UNIVERSITY OF HOUSTON TEXAS TECH UNIVERSITY 5000 GULF FWY RM 109 3800 MONTROSE BLVD. Name of the organization HOUSTON, TX 77006 HOUSTON, TX 77005 HOUSTON, TX 77204 6100 MAIN STREET Part Part II 77004

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

75-6002622 501(C)(3)

LUBBOCK, TX 79409

N

P.O. BOX 41092

Schedule I (Form 990) 2023

GENERAL SUPPORT

0

25,000.

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section organization or government (f) Method of assistance (book, FMV, assistance appraisal, other	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	-	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORASHA OLAMI, INC. 555 MADISON AVE LAKEWOOD, NJ 08701	81-3451968 501(C)(3)	501(C)(3)	15,000.	.0		V	GENERAL SUPPORT
LOUISIANA STATE UNIVERSITY A&M COLLEGE - 202 HIMES HALL - BATON ROUGE, LA 70803	72-6000848 501(C)(3)	501(C)(3)	25,000.	.0		V	GENERAL SUPPORT
UNIVERSITY OF WISCONSIN - MADISION 21 N. PARK STREET, STE. 6301 MADISON, WI 53715-1218	39-6006492 501(C)(3)	501(C)(3)	25,000.	0.		V	GENERAL SUPPORT
							Schedule I (Form 990)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 0 37,720. (c) Amount of cash grant THEIR JOB RESPONSIBILITY, THE OVERSIGHT INCLUDES FISCAL SUPERVISION AS WELL GRANTS ARE MONITORED BY DESIGNATED INDIVIDUALS WHO HAVE THAT AS PART OF AS ENSURING THAT THE SPEND IS DONE IN ACCORDANCE WITH THE GRANT (b) Number of recipients 2 (a) Type of grant or assistance STIPULATIONS PROVIDED. PART I, LINE 2: FELLOWSHIPS

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ANTI-DEFAMATION LEAGUE

Employer identification number 13-1818723

LINE A - CHANGE OF ACCOUNTING PERIOD: ADL CHANGED THEIR YEAR-END FROM DECEMBER 31 TO JUNE 30. A RETURN WAS PREVIOUSLY FILED FOR THE YEAR ENDED DECEMBER 31, 2022 AND A SHORT-YEAR RETURN IS NOW BEING FILED FOR JUNE 30, 2023. THE CHANGE IN YEAR-END IS BEING MADE PURSUANT TO REVENUE PROCEDURE 85-58 SINCE THERE HAS NOT BEEN A CHANGE IN YEAR-END OVER THE PAST 10 YEARS AND THE RETURN IS BEING TIMELY FILED. IN ACCORDANCE WITH THE INSTRUCTIONS FOR A SHORT-YEAR RETURN WITH NO CALENDAR YEAR HAVING TAKEN PLACE WITHIN IT, COMPENSATION SECTIONS OF THE RETURN DO NOT DISCLOSE ANY AMOUNTS CALENDAR YEAR 2023 COMPENSATION DETAIL WILL BE PROVIDED ON OUR JUNE 30 2024 FILING. FORM 990. PART III. LINE 1. DESCRIPTION OF ORGANIZATION MISSION: A GLOBAL LEADER IN EXPOSING EXTREMISM. DELIVERING ANTI-BIAS EDUCATION AND FIGHTING HATE ONLINE. ADL'S TIMELESS MISSION IS TO PROTECT THE JEWISH PEOPLE AND TO SECURE JUSTICE AND FAIR TREATMENT TO ALL. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 FORMULATES AND IMPLEMENTS THE LEAGUE'S CIVIL RIGHTS CIVIL RIGHTS TEAM 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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization ANTI-DEFAMATION LEAGUE	Employer identification number
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 III, LINE 4D, OTHER PROGRAM SERVICES:	
INTERNATIONAL AFFAIRS - MAINTAINS CONTACTS THROUGHOUT EUROPE, LATIN	
AMERICA, THE MIDDLE EAST, AND THE U.S. FROM WHICH INFORMATION IS	
GATHERED RELATING TO POLITICAL AND SOCIAL MOVEMENTS THAT IMPACT	
ANTISEMITISM AND BIGOTRY. OBSERVES AND ANALYZES TRENDS AROUND THE WORLD	
RELATED TO ANTI-SEMITISM AND RELATED ISSUES. PREPARES AND DISSEMINATES	
REPORTS AND DATA REGARDING ISRAEL'S SECURITY, U.SISRAEL RELATIONS AND	
ANTISEMITISM IN THE MIDDLE EAST. INITIATES EDUCATIONAL PROGRAMS ON THE	
MIDDLE EAST AND ISRAELI ISSUES, AS WELL AS ON INTERNATIONAL BEST	
PRACTICES ON FIGHTING ANTISEMITISM AND BIGOTRY. MAINTAINS CONTACT WITH	
FAITH LEADERS IN THE U.S. AND OTHER COUNTRIES. DEVELOPS PROGRAMS OF	0.1.1.0 (5

Schedule O (Form 990) 2023 Page **2**

Name of the organization **Employer identification number** ANTI-DEFAMATION LEAGUE 13-1818723 COOPERATION ON INTERGROUP UNDERSTANDING AND HUMAN RELATIONS WITH CATHOLIC AND PROTESTANT RELIGIOUS GROUPS AT COMMUNITY, REGIONAL, AND NATIONAL LEVELS. PARTICIPATES IN EDUCATIONAL AND ACTION PROGRAMS IN INTERFAITH EFFORTS. ORGANIZES TRAINING PROGRAMS AND CURRICULUM DEVELOPMENT FOR SEMINARS AND RELIGIOUS ORIENTED EDUCATIONAL INSTITUTIONS. 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. EXPENSES \$ 8,765,206. INCLUDING GRANTS OF \$ 1,424. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 1A: ADL IS GOVERNED BY A BOARD OF DIRECTORS. THE BOARD'S EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: COPIES OF THE DRAFT FORM 990 ARE PROVIDED TO THE MEMBERS OF ADL'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.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** ANTI-DEFAMATION LEAGUE 13-1818723 FORM 990, PART VI, SECTION B, LINE 12C: ADL HAS A WRITTEN CONFLICT OF INTEREST POLICY APPROVED BY THE BOARD OF DIRECTORS THAT REQUIRES ITS OFFICERS, DIRECTORS, AND EMPLOYEES, ANNUALLY, TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST, THOSE OF THEIR FAMILY MEMBERS AND OF OTHER INTERESTED PARTIES. THIS DISCLOSURE FORM IS DISTRIBUTED BY THE ORGANIZATION'S TALENT AND KNOWLEDGE DEPARTMENT (T&K) TO ALL STAFF ON AN ANNUAL BASIS. T&K ENSURES THAT ALL FORMS ARE COMPLETED. ADL'S SVP. TALENT OF KNOWLEDGE AND GENERAL COUNSEL REVIEW THE FORMS FOR CONFLICTS; SENIOR STAFF CONFLICTS ARE REPORTED TO THE AUDIT COMMITTEE. THE DISCLOSURE FORM IS DISTRIBUTED BY THE LEADERSHIP DIVISION TO THE MEMBERS OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. A SUMMARY AND THE NOTED FINDINGS ARE THEN REVIEWED BY THE GENERAL COUNSEL AND SVP OF FINANCE, WHO THEN PROVIDE ALL DISCLOSURES TO THE AUDIT COMMITTEE FOR FURTHER REVIEW. THE AUDIT COMMITTEE REVIEWS AND DETERMINES BY MAJORITY VOTE WHETHER A CONFLICT EXISTS. IF A CONFLICT INVOLVES A MEMBER OF THE AUDIT COMMITTEE, THAT PERSON RECUSES HIM/HERSELF FROM THE VOTE. FORM 990, PART VI, SECTION B, LINE 15: ADL'S PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS AND ALL KEY EMPLOYEES INCLUDES CONSULTATION WITH AN INDEPENDENT COMPENSATION CONSULTANT THAT PERFORMS A COMPENSATION MARKET STUDY AND PROVIDES SALARY STRUCTURE GRADING. THE ADL BOARD CHAIR THEN PRESENTS A RECOMMENDATION TO THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE MAKES A DECISION ON THE RECOMMENDATION. AS DOCUMENTED IN THE COMMITTEE MEETING MINUTES. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990) 2023

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MS, MO, NV, NH, NY, NC, ND

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** ANTI-DEFAMATION LEAGUE 13-1818723 OH,OK,OR,PA,RI,SC,TN,VA,WA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION AND THE ANNUAL REPORT ARE MADE AVAILABLE TO THE PUBLIC THROUGH A DIRECT LINK ON THE ADL WEBSITE, (WWW.ADL.ORG). FURTHERMORE, A FULL SET OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADL AND THE ADL FOUNDATION IS AVAILABLE UPON REQUEST AS INDICATED ON THE ADL WEBSITE. THE ARTICLES OF INCORPORATION ARE AVAILABLE AT THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS IN WASHINGTON, DC. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: RECOVERY OF BAD DEBT 221,841.

SCHEDULE R (Form 990)

Name of the organization

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.

Open to Public Inspection 2023

OMB No. 1545-0047

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

Employer identification number 13-1818723

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ANTI-DEFAMATION LEAGUE Part I

(a)	E	5
Exempt Code Public charity Dire	Oirect controlling	Section 512(b)(13) controlled
S	entity	entity?
501(c)(3))	γ.	Yes No
501(C)(3) LINE 7 ADL		×
501(C)(3) PF ADL		×
ADL		×
501(C)(3) LINE 7 ADL		×
		ADL

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

(j) (k) General or Percentage managing ownership partner? Yes No			e related	(i) Section 512(b)(13) controlled entity?		
			d one or moi	(h) Percentage ownership		
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Pend-of-year cassets		
(h) Disproportionate allocations?			rt IV, line 3			
(g) Share of end-of-year assets			ım 990, Pa	(f) Share of total income		
			Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)		
(f) Share of total income			answered "			
			e organization a	(d) Direct controlling entity		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			omplete if th	(c) Legal domicile (state or foreign country)		
(d) Direct controlling entity			on or Trust.	(b) Primary activity		
Legal domicile (state or foreign country)			is a Corpo ig the tax y	Prim		
(b) Primary activity			Janizations Taxable a poration or trust durin	Z c		
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization		
			Ра			

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.					Yes	٩
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		X
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				1	×	
:				1d		×
				1e		×
f Dividends from related organization(s)				#		X
~				19		×
Purchase of assets from related organization(s)				‡		×
				=		×
_				1j		×
b I assorbe facilities an immant or other assorts from related arganization(s)				÷	×	
	(a) (a) (b)			€ ₹	 	
 Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) 	inization(s)			=	4 ×	
Sharing of facilities equipment mailing lists or other assets with related organization(s)	ion(s)			Ę	×	
				5	×	
				2		
p Reimbursement paid to related organization(s) for expenses				6		×
				19	×	
r Other transfer of cash or property to related organization(s)				1		×
(S)				18		×
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.	who must complete thi	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) ANTI-DEFAMATION LEAGUE FOUNDATION	υ	7,483,702.	ACTUAL			
(2) ANTI-DEFAMATION LEAGUE FOUNDATION	Ж	145,973.	ACTUAL			
(3) ANTI-DEFAMATION LEAGUE FOUNDATION	ō	398,576.	ACTUAL			
(4)						
(5)						
(9)						
332163 09-28-23			Schedule R (Form 990) 2023	R (Form	(066	2023

Schedule R (Form 990) 2023 ANTI-DEFAMATION LEAGUE

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

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

(k) Percentage ownership				
General or F managing partner?				
Gene O man				
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No				-
Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all Are all Surfaces Sec. 501(c)(3) Orgs.? Yes No				
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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