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Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No 1545-0687	
	For cale	ndar year 2018 or other tax year begin	20	୭ଲ1ନ				
Department of the Treasury		► Go to www irs gov/Form990	Tfori	nstructions and the latest	information		<u> </u>	
Internal Revenue Service	▶ Do	not enter SSN numbers on this form a	s It ma	ay be made public if your org	anization is a 501(i	c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (Check be	ox if na	me changed and see instruction	as)		oyer identification number oyees' irust see instructions)	
B Exempt under section	1	ANTI-DEFAMATION LEAD	GUE	FOUNDATION				
X 501(C)(Q3_)	Print	Number, street, and room or suite no. I	í a P O	box, see instructions			887439	
408(e) 220(e)	Туре						ated business activity code structions)	
408A530(a)		605 THIRD AVENUE		nin .	-	}		
529(a) C Book value of all assets	-	City or town, state or province, country NEW YORK, NY 10158-				9000	9.0	
at end of year	E Gro	up exemption number (See instruct				2000		
113,811,485		eck organization type X 501) trust	401(a)	trust Other trust	
		inization's unrelated trades or busine			·		(or first) unrelated	
trade or business he							e than one, describe the	
		e end of the previous sentence, cor	nplete	Parts I and II, complete a S	chedule M for ea	ch additior	nal	
trade or business, th		······································						
I During the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary	controlled group?		▶ Yes X No	
		identifying number of the parent co	rporati			2 225	7700	
J The books are in car					ne number ▶ 21			
		or Business Income	1	(A) Income	(B) Expen	ses	(C) Net	
1a Gross receipts or		c Balance ▶	1 c					
b Less returns and allows 2 Cost of goods so		fule A, line 7)	2	-				
-		2 from line 1c	3					
		attach Schedule D)	4a	78,691			78,691	
· -		Part II, line 17) (attach Form 4797).	4b					
c Capital loss dedu	ction for	trusts	4 c					
5 Income (loss) from a p	artnership o	r an S corporation (attach statement)	5	306,704	ATCH 1		306,704	
6 Rent income (Sch	nedule C)		6					
7 Unrelated debt-fi	nanced in	come (Schedule E)	7					
		ents from a controlled organization (Schedule F)						
		1(c)(7) (9), or (17) organization (Schedule G)						
		ncome (Schedule I)	10					
-		dule J)	12				_	
		ough 12		385,395			385,395	
Part II Deductio	ns Not	Taken Elsewhere (See insti	ructio		deductions) (E	Except f		
		be directly connected with t					•	
14 Compensation of	officers,	directors, and trustees (Schedule K)				14	`	
15 Salaries and wage	es					15		
17 Bad debts					 лтсц 2	• • 17	17,693	
18 Interest (attach s	chedule)	KECEIVED			. AICH .2.	18	17,093	
19 Taxes and license20 Charitable contril	s	see instructions for limitation rules		н НОТА	3	<u>19</u> 20	32,869	
21 Depreciation (att	ach Edi	24562LIOV 9 1 2019 191		21	. •	20	327003	
00	100	No. Calcarda A and alamana and at la		22-	.,	22ь		
23 Depletion	I.	compensation E.N. UT				23		
24 Contributions to	deferred	compensation fairly, UI				24		
25 Employee benefit	program					25		
		Schedule I)						
		chedule J)					<u> </u>	
		chedule)				1	39,016	
		s 14 through 28					89,578	
		le income before net operating					295,817	
	•	g loss arising in tax years beginning income Subtract line 31 from line	-	•			295,817	
32 Unrelated busine For Paperwork Reduct			JU .	<u> </u>	· · · · · · · ·	32	Form 990-T (2018)	
8X2740 1,000 2 MM JSA			17 1	0_7 65	0160521 00	000	Form 330-1 (2018)	

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_	990 T (2018)			Page 2
Pa	t III Total Unrelated Business Taxable Income	, ,		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions),	33	295,	817
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34,	36	295,	817.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,	000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38	294,	817.
Pai	t IV Tax Computation	· · · · · · · · · · · · · · · · · · ·		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	61,	912.
40	Trusts Taxable at Trust Rates See instructions for tax computation income tax on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax See instructions	41	•	
42	Alternative minimum tax (trusts only).	42		
43	Tax on Noncompliant Facility Income See instructions			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	\rightarrow	61.	912.
	Tax and Payments	<u> </u>		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	Other credits (see instructions)	1		
	General business credit Atlach Form 3800 (see instructions)	1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
	Total credits Add lines 45a through 45d	45e		
	Subtract line 45e from line 44.	46	61	912.
46	Other taxes Check if Irom Form 4255 Form 8611 Form 8697 Form 8866 Other (altach schedule)			712.
47	-	47	61	912.
48	Total tax Add lines 46 and 47 (see instructions)	48	01,	J1Z.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
	Payments A 2017 overpayment credited to 2018			
	2010 CSMINATCO (ax payments)	-		
	Tax deposited with Form 8868	1 1		
	Foreign organizations Tax paid or withheld at source (see instructions)	i i		
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	-		
9	Other credits, adjustments, and payments' Form 2439			
	Form 4136 Other Total ▶ 50g	ł	7.0	000
51	Total payments Add lines 50a through 50g	51		000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached,	52		
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	<u>8,</u>	088.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶8,088. Refunded ▶			
	Statements Regarding Certain Activities and Other Information (see Instruction		Т	T
56	At any time during the 2018 calendar year did the organization have an interest in or a signature or			No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign o	country	1
	here ▶			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.		X
	If "Yes," see instructions for other forms the organization may have to file		-	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			<u> </u>
	Under panalises of pagury 1 declare that I have examined this return including accompanying schedules and statements, and to the I true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	oest of my k	nowledge and be	elief it is
Sig	n \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ay the IRS	discuss this	retum
Her	e ANAT KENDAL WILLIAM EXECUTIVE DIRECTOR WILLIAM	th the pr	ep <u>arer</u> shown	
		e instructions	The second second	No
Б.	Print/Type preparer's name Preparer's signature Date Chec	k ii	PTIN	
Paid	DANIEL ROMANO 11/11/2019 self-e	employed	P005041	
			6-605555	
use _	Only Firm's address > 757 THIRD AVENUE, 4TH FLOOR, NEW YORK, NY 10017-2013 Phon	eno 212	-599-0100	0
			Earn 990-T	/20101

8X2741 1 000 2783MM 700J

ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 Form 990-T (2018) Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year Inventory at end of year Cost of goods sold Subtract line 2 2 Cost of labor 3 3 6 from line 5 Enter here and in 4a Additional section 263A costs Part I, line 2 (attach schedule) 4a 8 Do the rules of section 263A (with respect to Nο b Other costs (attach schedule) 4b property produced or acquired for resale) apply 5 Total Add lines 1 through 4b . 5 to the organization? . Х Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (1) (2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deductions directly connected with the income for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions (c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) ▶ Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2 Gross income from or debt-financed property 1 Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4 Amount of average 5 Average adjusted basis 6 Column 8 Allocable deductions acquisition debt on or of or allocable to 7 Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule)

%

% %

%

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8,

Enter here and on page 1, Part I, line 7, column (A)

Schedule F-Interest, Anni	uities, Royalties						ations (see	instruction	ns)	
		Exem	pt Co	ntrolled Or	ganizati T	ons	1			
Name of controlled organization	2 Employer identification numb	ן וסכ		ated income instructions)	1	of specified includes		of column 4 that is d in the controlling ition's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)						···				
(4)	···- -									
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc			otal of specific		incl	Part of column uded in the co nization's gros	ntrolling		Deductions directly inected with income in column 10
(1)										
(2)							-			
(3)										
(4)		-								
Totals					▶	Ent Pa	ld columns 5 a er here and on rt I, line 8 colu	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment Ir	ncome of a Sec	ction 501(c)(7),	(9), or (17) Orga	nizati	on (see inst	tructions)		
1 Description of income	2 Amount o	f income		3 Deduction of the directly contact (attach school)	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and Part I, line 9, c					•				Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity In	come. Oth	er Tha	an Advert	isina Ir	come	(see instru	ictions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	es with of	4 Net incor from unrelat or business 2 minus col If a gain, co	4 Net income (loss) rom unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 4 Net income (see instructions) 5 Gross income from activity that is not unrelated business income 6 Expense attributable column 5		ole to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)										
(2)										
(3)	-							-		
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	t I,			L		<u>I</u>		Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	come (see instr	uctions)		,						1
Part I Income From Per			nsoli	dated Bas	sis					
income i rom i er	Tourours report		113011	dated But				T		T
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		4 Adverting gain or (los 2 minus con a gain, con cols 5 thro	s) (col of 3) If mpule		Circulation ncome	6 Reader costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										Π '
(3)			_						444	┦ ,
(4)										7
Totals (carry to Part II, line (5))										

Form **990-T** (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1					
(2)						
(3)						
(4)						
Totals from Part I ▶						
į	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INTEREST IN LIMITED PARTNERSHIPS

306,704

INCOME (LOSS) FROM PARTNERSHIPS

13-2887439

Α	TT	'AC	HMF	TWS	2

FORM 990T - PART II - LINE 18 - INTEREST

LP INVESTMENT INTEREST EXPENSE

17,693

PART II - LINE 18 - INTEREST

17,693

ATTACHMENT	3		

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	385,395 0 56,709
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 32,869
CHARITABLE CONTRIBUTION	32,869
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	32,869

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE LP INVESTMENT EXPENSES

2,800 36,216

PART II - LINE 28 - OTHER DEDUCTIONS

39,016

SCHEDULE D (Form 1120)

Internal Revenue Service

Capital Gains and Losses

OMB No 1545-0123

Penartment of the Treasury

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-IL, 1120-ND, 1120-PC, 1120-REIT, 1120-REIT, 1120-REIT, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information

2018

Employer identification number ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 Short-Term Capital Gains and Losses (See instructions) (h) Gain or (loss) (g) Adjustments to gain See instructions for how to figure the amounts to enter on (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (q) the result with column (q) whole dollars 1a. Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949. leave this line blank and go to line 1b . . . 1b Totals for all transactions reported on Form(s) 8949 1,887 1,887 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 1,887 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. Part II Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (h) Gain or (loss) (q) Adjustments to gain the lines below or loss from Form(s) Subtract column (e) from Cost Proceeds 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) whole dollars column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) Howeve if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 4,483 76,804 81.287 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 with Box Fichecked 11 Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 76,804 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 1,887 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 76,804 17 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 78,691 18

Note If losses exceed gains, see Capital losses in the instructions
For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

► Go to www irs gov/Form8949 for instructions and the latest information

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Social security number or taxpayer identification number Name(s) shown on return ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions) For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g) (e) (h) enter a code in column (f) Cost or other basis See the Note below Gain or (loss) (b) See the separate instructions Date sold or Proceeds Subtract column (e) Date acquired Description of property and see Column (e) disposed of (sales price) from column (d) and (Example 100 sh XYZ Co.) (Mo, day, yr) **(f)** (a) in the separate (Mo. day, vr.) (see instructions) combine the result Code(s) from Amount of with column (g) instructions adjustment PASS-THROUGH ENTITIES (K-1) VAP VAR 1,887 1,887

				<u> </u>	
Z Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C above above is checked).	here and incl is checked) line	ude on your e 2 (if Box B	1,887		1,887
				 -	

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

Part II Long-Term Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

	Х	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
ſ		(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
ſ		(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PASS THROUGH ENTITIES (K-1)	VAR	VAR		4,483			-4,483
PASS-THROUGH ENTITIES (K-1)	VAR	VAR	81,287				81,287
				uu			
		-					
		<u> </u>					- · · · · · · · · · · · · · · · · · · ·
		:					
2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶		81,287	4,483			76,804	

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)