Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

Αŀ	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and ending	JUN 30, 3	2022						
B	Check if applicable:	C Name of organization	D Empl	loyer identific	ation number					
	Address _change	ADF Foundation								
	Name change	Doing business as	86-	-1158500						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite <b>E</b> Telep	hone number						
	Final return/	15100 North 90th Street	480	0-444-0020						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross	<b>G</b> Gross receipts \$ 3,453,555.						
	Amende return		H(a) Is t	his a group re	turn					
	Applica-	F Name and address of principal officer: Wayne N. Swindler		subordinates'		X No				
	pending	same as C above	H(b) Are	all subordinates in	cluded? Yes	☐ No				
T	Гах-exer	npt status: X 501(c)(3)	527 If "I	No," attach a l	list. See instruct	ions				
J١	<b>Nebsite</b>	:▶ www.adfplannedgiving.org	H(c) Gro	oup exemption	n number 🕨					
K	orm of o	rganization: X Corporation	Year of formatio	n: 2005 <b>M</b>	State of legal do	nicile: AZ				
Pá		Summary								
Φ	<b>1</b> B	riefly describe the organization's mission or most significant activities: Foundation	endowment m	anagement						
Governance	f	or the financial support of Alliance Defending Freedom.								
ž	<b>2</b> C	heck this box 🕨 📖 if the organization discontinued its operations or disposed of	more than 25%	6 of its net as:	sets.					
ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)				9				
<u>ھ</u>	4 N	umber of independent voting members of the governing body (Part VI, line 1b)				7				
es	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5		0				
Ĭ		otal number of volunteers (estimate if necessary)				7				
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12				0.				
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		7b		0.				
			Prior		Current Y					
ē	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		647,468.	1,2	06,766.				
en	1	rogram service revenue (Part VIII, line 2g)		0.		0.				
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		97,954.	4	72,081.				
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		745,422.		78,847.				
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)	column (A), line 4)							
	1	enefits paid to or for members (Part IX, column (A), line 4)								
ses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.				
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		201,825.		0.				
ᄶ		otal fundraising expenses (Part IX, column (D), line 25) 5,691.		50.053						
_		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,973.		90,538.				
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	763,889. -18,467.		13,431.				
<u>_ s</u>	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12	Doginaing of			65,416.				
its o	о т	and accords (Dark V. Broad O)	Beginning of	9,420,970.	End of Ye					
Sse Bala	20 T	otal assets (Part X, line 16)		6,184,734.		29,748. 43,814.				
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)		3,236,236.		85,934.				
P		et assets or fund balances. Subtract line 21 from line 20		3,230,230.	5,2	.05,554.				
		es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements and to	n the hest of my	knowledge and h	elief it is				
		and complete. Declaration of preparer (other than officer) is based on all information of which pre		-	mrowiougo una s	01101, 11 10				
	,	10 0		04/26/	2023					
Sig	n	Signature of officer Surindles	1	Date	2023					
Her		Wayne N. Swindler Executive Director								
1101	Ĭ	Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN					
Paid		ed R. Batson, Jr. Led R. Batson A	4/27/2023		 d P00721951					
	<u> </u>	irm's name ► Capin Crouse LLP			36-3990892					
	· -	Firm's address 2435 Research Parkway, STE 200								
	ٔ ا	Colorado Springs, CO 80920		Phone no.505-	-502-2746					
May	the IRS	6 discuss this return with the preparer shown above? See instructions			X Yes	☐ No				

	n 990 (2021) ADF Foundation	86-1158500	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:		
	Foundation endowment management for the financial support of Alliance		
	Defending Freedom.		
2	Did the organization undertake any significant program services during the year which were not listed on the		s 🗓 No
	prior Form 990 or 990-EZ?	Ye	S LA_ NO
•	If "Yes," describe these new services on Schedule O.	0 \_v_	s 🗓 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi If "Yes," describe these changes on Schedule O.	ces?	S A NO
4	Describe the organization's program service accomplishments for each of its three largest program service	as as measured by expens	<b>_</b> C
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	o otricis, tric total expenses	, and
4a	(Code:) (Expenses \$ 583,498. including grants of \$ 522,893. ) (	Revenue \$	)
	Grant making for the financial support of Alliance Defending Freedom.		
4b	(Code:) (Expenses \$ including grants of \$)	Revenue \$	)
		•	
4c	(Code: ) (Expenses \$ including grants of \$ ) (	Revenue \$	)
	<u> </u>		
4d	Other program services (Describe on Schedule O.)		
	(Fundament)	`	

583,498.

**4e** Total program service expenses ▶

# Form 990 (2021) ADF Foundation Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? If "Yes," complete Schedule C, Part I	3		_ ^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	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, VIII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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	
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
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	
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
<b>20</b> a	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		
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	Х	I

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Form 990 (2021) ADF Foundation
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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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			۱,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	200		X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		₩
30	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	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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?			
Do:	Note: All Form 990 filers are required to complete Schedule 0  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			NJ-
1.	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable		Yes	No
ıa b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
	.∪ ∪, ∪ 1			

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

			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		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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
р	If "Yes," enter the name of the foreign country			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3.3		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? $\dots$	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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	4.		
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Α
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			
	•			

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Form 990 (2021) ADF Foundation 86-1158500 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

<u> </u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	D. See	inst.	ructions	ana 101 3.	u 710	10000	,,,,,
	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	1a				9	100	-110
	If there are material differences in voting rights among members of the governing body, or if the governing		1					
	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				7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		n anv	other				
_	officer, director, trustee, or key employee?					2		х
3	Did the organization delegate control over management duties customarily performed by or under th					_		
•	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 9					4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as:					5		Х
6	Did the organization become aware during the year of a significant diversion of the organization's assignificant diversion of the organization of the organi					6		X
_	Did the organization have members of stockholders, or other persons who had the power to elect or a					-		<del></del>
7a						7a	x	
<b>b</b>	more members of the governing body? <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
D						76	х	
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year					7b	Α	
8						0-	х	
_	The governing body?					8a	^	х
b	Each committee with authority to act on behalf of the governing body?					8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					9		x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O					<u> </u>		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ae.)			V	N <sub>a</sub>
40-	Did the aurenization have lead shorters bronches as officiates?					40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?					10a		_ A
D	If "Yes," did the organization have written policies and procedures governing the activities of such classification and procedures governing the activities are activities and procedures governing the activities governing the activities governing the activities governing the activities governed governing the activities governed governing the activities governed g					10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?					11a	х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly belo	ore ii	iing trie	IOIII?	па	Α	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					40-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					100		
40	on Schedule O how this was done					12c	X	
13	Did the organization have a written whistleblower policy?					13	X	
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 approve	-	indep	endent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official					15a		X
b	Other officers or key employees of the organization					15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment \	with	a				
	taxable entity during the year?					16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-	cipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	on's					
	exempt status with respect to such arrangements?					16b		
	tion C. Disclosure			·	1/7			
17	List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, FL, GA, HI, I						_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	90-T (	section	501(c)(3	3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	t of in	iterest p	olicy, a	nd fina	ncial	
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	ınd re	cords	<b>&gt;</b>			
	Charyl Prince - 480-444-0020							

15100 North 90th Street, Scottsdale, AZ 85260

Form 990 (2021) ADF Foundation 86-1158500 Page **7** 

## 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n  (A)	(B)	(C)						(D)	(E)	(F)
Name and title				ر) Pos		1		Reportable	( <b>L)</b> Reportable	Estimated
Name and title	Average hours per					than is bot		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee		au	Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	lal tru	onal t		oloye	lu oa		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ghest	Former			organizations
(1) Michael Farris	1.00	드	드	ð	- S	포등	요			
Director		x						0.	625,242.	19,482.
(2) Wayne N. Swindler - Treasurer	14.00	Α.						0.	025,242.	15,402.
(thru Feb/22); President (Mar-Jun 22	42.00			x				0.	295,001.	31,985.
(3) Terry Moore - President (thru	25.00							0.	233,001.	31,303.
Feb/22); Vice Chairman (Mar-Jun 22)	0.00	x		x				0.	87,866.	3,515.
(4) Michael Whitehead	1.00			<del></del>					0.,000.	0,020
Chairman/Director	2.00	x		x				0.	0.	0.
(5) Alan E. Sears - Vice Chairman	1.00								. •	
(thru Feb/22), Director (Mar-Jun 22)	0.00	х		x				0.	0.	0.
(6) Al Ritz - Vice Treasurer (thru	1.00									
Feb/22); Treasurer (Mar-Jun 22)	0.00	х		х				0.	0.	0.
(7) Terry Thompson	1.00									
Secretary/Director	0.00	х		х				0.	0.	0.
(8) Reese Boyd	1.00									
Director	0.00	Х						0.	0.	0.
(9) Jennifer Cassidy	1.00									
Director	0.00	Х						0.	0.	0.
(10) Sharon Rose	1.00									
Director	0.00	Х						0.	0.	0.
			$\vdash$	_		$\vdash$				
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Part VI	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	am	nount	of
		week	-	cer ar	lu a u	recio	or/trus	iee)	from	from related			other	
		(list any hours for	irecto						the	organizations	1		pensa	
		related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,C/		om the anizat	
		organizations	Individual trustee or director	Institutional trustee		ee ee	nben		1099-NEC)	1099-1120)		_	d relat	
		below	dualt	utiona	_	nploy	st col	ъ	10001420)				ınizati	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
						_								
			1											
			1											
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			<u> </u>				₩				$\longrightarrow$			
			ł											
1h Suk	ototal								0.	1,008,	109		54	982
	al from continuation sheets to Part VI								0.	2,000,	0.		,	0
	al (add lines 1b and 1c)								0.	1,008,	109.		54,	982
•	al number of individuals (including but n								eceived more than \$100					
	mpensation from the organization						•							(
													Yes	No
	the organization list any former officer,			•		•	-	_	, ,	•				
line	a 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For	any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization				
	d related organizations greater than \$15											4	Х	
	any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-			-					
	dered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son			<u></u>		5		X
-	B. Independent Contractors  mplete this table for your five highest co	mponeated in	don	ando	nt c	onti	racto	ore t	that received more than	\$100,000 of com	none	ation f	rom	
	organization. Report compensation for										peris	alloni	10111	
	(A)	the eateridar y	<del>oui ,</del>	oriai	ng v	VICII	01 11	1	(B)	your.		(C	;)	
	Name and business	address	NO	NE					Description of s	services	С	omper		n
								$\dashv$						
<b>2</b> Tota	al number of independent contractors (i	ncluding but a	O+ 1:	mita	d to	the	eo II	etoo	d above) who received a	nore than				
	20,000 of compensation from the organi		iot III		u iU		0	J1 <del>0</del> 0	above, who received h	IOI G II IAI I				
	, , , , , , , , , , , , , , , , , , , ,											Гокт	200 (	2004

ADF Foundation 86-1158500 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,206,766. 1f 773,439 g Noncash contributions included in lines 1a-1f 1g |\$ 1,206,766. h Total. Add lines 1a-1f ...... **Business Code** Program Service Revenue 2 a f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 65,020. 65,020. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 2,181,769. **b** Less: cost or other basis Other Revenue 1,774,708. and sales expenses ..... 7b 407,061. c Gain or (loss) \_\_\_\_\_\_7c 407,061. 407,061. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... 10b **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue

1,678,847.

0.

472,081.

e Total. Add lines 11a-11d Total revenue. See instructions

86-1158500

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 respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			,	•
	and domestic governments. See Part IV, line 21	522,893.	522,893.		
2	Grants and other assistance to domestic	·			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	11,623.	9,916.	775.	932.
С	Accounting	1,704.	1,454.	114.	136.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,505.		19,505.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	30,899.	26,363.	2,061.	2,475.
12	Advertising and promotion	14,209.	12,123.	947.	1,139.
13	Office expenses	4,172.	3,560.	278.	334.
14	Information technology				
15	Royalties				
16	Occupancy	106.	90.	7.	9.
17	Travel	8,320.	7,099.	555.	666.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a					
b					
C					
d					
е	All other expenses	(12.424	F03 400	04 040	F 601
25	Total functional expenses. Add lines 1 through 24e	613,431.	583,498.	24,242.	5,691.
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)			l	

Form 990 (2021)
Part X Balance Sheet ADF Foundation 86-1158500 Page **11** 

Га	IL A	Dalance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X		······	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		313,988.	2	286,537.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		60,082.	4	0.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of th			5	
	6	Loans and other receivables from other disqui				
		under section 4958(f)(1)), and persons describ			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	I I			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	19,046,900.	11	21,043,211.	
	12	Investments - other securities. See Part IV, line		12	· ,	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must ed	19,420,970.	16	21,329,748.	
	17	Accounts payable and accrued expenses		15,525.	17	11,416.
	18	Grants payable		,	18	<u> </u>
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complet			21	
ý	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub				
ig Bi		controlled entity or family member of any of th			22	
Ë	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin				
		of Schedule D		16,169,209.	25	18,032,398.
	26	Total liabilities. Add lines 17 through 25		16,184,734.	26	18,043,814.
		Organizations that follow FASB ASC 958, c				· , ,
Ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		1,273,434.	27	1,679,002.
Bal	28	Net assets with donor restrictions		1,962,802.	28	1,606,932.
nd		Organizations that do not follow FASB ASC				
Ē		and complete lines 29 through 33.	,			
S O	29	Capital stock or trust principal, or current fund		29		
set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		3,236,236.	32	3,285,934.
_	33	Total liabilities and net assets/fund balances		19,420,970.	33	21,329,748.
				' ' '		

Form **990** (2021)

ADF Foundation 86-1158500 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,678,847. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 613,431. 2 2 1,065,416. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,236,236. 4 -1,015,718. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 3,285,934. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Lash X Accrual \_\_ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

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

Form **990** (2021)

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-1158500 ADF Foundation Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service 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). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12g. 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. 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Se	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(-,	(-/	(/	(-,	(-7 :
	membership fees received. (Do not						
	include any "unusual grants.")	196,669.	467,089.	1,471,873.	647,468.	1,206,766.	3,989,865.
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	196,669.	467,089.	1,471,873.	647,468.	1,206,766.	3,989,865.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						146,095.
	Public support. Subtract line 5 from line 4.						3,843,770.
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	196,669.	467,089.	1,471,873.	647,468.	1,206,766.	3,989,865.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	25,464.	30,294.	38,070.	65,332.	65,020.	224,180.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						4 214 045
	<b>Total support.</b> Add lines 7 through 10	-1- (!1				40	4,214,045.
12	'					12	
13	First 5 years. If the Form 990 is for the			•			▶□
50	organization, check this box and storection C. Computation of Publ		rcentage				P
	Public support percentage for 2021 (l			olumn (fl)		14	91.21 %
	Public support percentage from 2020					15	93.09 %
	33 1/3% support test - 2021. If the o						
100	stop here. The organization qualifies	•		•		•	
r	33 1/3% support test - 2020. If the o						············ -
~	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			=		viriow the organize	
r	10% -facts-and-circumstances tes	_	· · · · · · · · · · · · · · · · · · ·	*	-		
_	more, and if the organization meets the	-					-:
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization			•			• · · · · · · · · · · · · · · · · · · ·

#### Schedule A (Form 990) 2021 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.)

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			, ,			,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	fies as a publicly s	supported organiz	ation	▶□
ł	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	inization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

Page 3

Schedule A (Form 990) 2021 ADF Foundation 86-1158500 Page **4** 

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
	A (Ear		2021

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2021

<u>Schedule A (Form 990) 2021</u> ADF Foundation 86-1158500 Page **6** 

Part V Type II	I Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1 Check he	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 1	ype III non-functionally integrated supporting organizations mo	ust complete	Sections A through E.	
Section A - Adjusted	Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term	apital gain	1		
2 Recoveries of p	rior-year distributions	2		
3 Other gross inco	ome (see instructions)	3		
4 Add lines 1 thro	ugh 3.	4		
5 Depreciation an	d depletion	5		
6 Portion of opera	ting expenses paid or incurred for production or			
collection of gro	ss income or for management, conservation, or			
maintenance of	property held for production of income (see instructions)	6		
	(see instructions)	7		
-	come (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum		•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair n	narket value of all non-exempt-use assets (see			
instructions for	short tax year or assets held for part of year):			
a Average monthl	y value of securities	1a		
<b>b</b> Average monthl	y cash balances	1b		
c Fair market valu	e of other non-exempt-use assets	1c		
d Total (add lines	1a, 1b, and 1c)	1d		
e Discount claim	ed for blockage or other factors			
(explain in detail	in Part VI):			
2 Acquisition inde	btedness applicable to non-exempt-use assets	2		
3 Subtract line 21	rom line 1d.	3		
4 Cash deemed h	eld for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions		4		
	n-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 b		6		
	rior-year distributions	7		
	t Amount (add line 7 to line 6)	8		
Section C - Distribut				Current Year
1 Adjusted net inc	come for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of lin		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 imp	osed in prior year	5		
	mount. Subtract line 5 from line 4, unless subject to			
	porary reduction (see instructions).	6		
	re if the current year is the organization's first as a non-function	nally integrate	ed Type III supportina ora	anization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 ADF Foundation	(/_)/(0) O O			-1158500 Page <b>7</b>
Par		o(a)(3) Supporting Orga	anizations (continu	<u>ued)</u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemple the second seco	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A (Form 990) 2021 ADF Foundation Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, Part VI 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 B** (Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule B (Form 990) (2021)

ADF	ADF Foundation				
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.			
General Rule					
	n 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)(1) a contributor, during	n 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, are the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1. Complete Parts I and II.	nd that received from any one			
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one			
	the year, total contributions of more than \$1,000 exclusively for religious, charitable, so				
• •	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	entering			
year, contributions is checked, enter h purpose. Don't cor	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \text{\t				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Name of organization

Employer identification number

86-1158500

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$106,799.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$51,949.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$127,821.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$2,880.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

Employer identification number

86-1158500

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Omnicash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name address and 7IP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization Employer identification number

ADF Foundation 86-1158500 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Shares of Stock 1 27,977. 11/01/21 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Shares of Stock 2 106,799. 12/23/21 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Shares of Stock 3 51,949. 12/21/21 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Shares of Stock 127,821. 03/03/22 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Shares of Stock 92,880. 06/16/22 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of or	ganization		Employer identification num	ber	
ADF Found	dation		86-1158500		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line charitable, etc., contributions of \$1,000 charitable.	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the entry. For organizations or less for the year. (Enter this info. once.)	e yea	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
				_	
		(e) Transfer of g	gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.				_	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	_	
		(e) Transfer of g	gift	_ 	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
( ) N				_	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
				_	
	Transferee's name, address, a	(e) Transfer of o	Relationship of transferor to transferee		
				<u> </u>	
(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, a	nd ZIP + 4	Relationship of transferor to transferee		

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ADF Foundation

**Employer identification number** 86-1158500

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the				
	organization answered "Yes" on Form 990, Part IV, line				
		(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	writing that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
	impermissible private benefit?		Yes No		
Pai					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area		
	Protection of natural habitat	Preservation of a	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register				
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				
	violations, and enforcement of the conservation easements it		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	<b>•</b>		•		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easements during the year		
	<b>▶</b> \$		,		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·			
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the		
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works		
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fur	therance of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treations				
-	the following amounts required to be reported under FASB A		<b>~</b> · · ·		
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$		
h	Assets included in Form 990. Part X		\$ *		

Sche	dule D (Form 990) 2021 ADF Foundat:	ion				86-1158	500	Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Si	milar Asse	t <b>s</b> (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	signifi	cant use of 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 co	llections and explair	n how they further t	he organization's exe	empt p	ourpose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ar asse	ets		
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" or	n Forn	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets no	t inclu	ded	_	
	on Form 990, Part X?					L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		_			
					L		Amount	
С	Beginning balance				L	1c		
d	Additions during the year				L	1d		
е	Distributions during the year				L	1e		
f	Ending balance				L	1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or co	ustodial account liab	ility?	L	Yes	No
b	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	rree years back		
	Beginning of year balance	17,920,012.	13,350,786.	· · ·		8,669,750.		06,059.
b	Contributions	5,976,372.	1,380,431.	2,415,503.		2,333,923.	1,0	03,482.
С	Net investment earnings, gains, and losses	-3,094,778.	3,691,886.			480,690.		00,209.
d	Grants or scholarships	505,777.	503,091.	101,746.		80,000.		40,000.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	20,295,829.	17,920,012.	13,350,786.	-	11,404,363.	8,6	69,750.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	7.9176	_%					
b	Permanent endowment 92.0824	%						
С	Term endowment >	6						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the or	ganization	_	
	by:						Y	es No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations							Х
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requir	ed on Schedule R?				. 3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	I "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part X	(, line	10.		
	Description of property	(a) Cost or of	` '			ulated	(d) Book v	alue
		basis (investr	nent) basis	(other) de	precia	ation		
	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
е	Other							

Schedule D (Form 990) 2021

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Scriedule D (Form 990) 2021 That Touridae for			.130300
Part VII Investments - Other Securities.	on Form 000 Port IV line	a 11h Can Farm 000 Part V line 10	
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Dook value	(c) Method of Valuation. Cost of end-	-or-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11a or 11f Soo Form 990 Part V line 25	
	in Form 990, Fait IV, line	FITE OF THE See FORM 990, Part A, line 23.	(b) Book value
-			(b) DOOK value
(1) Federal income taxes (2) Investments Held for Related Organizati	ion		17,825,929.
	1011		206,469.
(3) Due to Related Organization (4)			200, 403.
(5)			
(6)			
(6)			
(1)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<u> </u>	18,032,398.
2 Liability for uncertain tax positions. In Part XIII. provide t		-	

Sche	dule D (Form 990) 2021 ADF Foundation			86-1158500	Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı <b>.</b>			
1	Total revenue, gains, and other support per audited financial statements			1	643,624.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,015,718.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,015,718.
3	Subtract line 2e from line 1			3	1,659,342.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	19,505.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	19,505.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,678,847.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	593,926.
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			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				_
_	Add lines 2a through 2d			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	593,926.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	40 505		
	Investment expenses not included on Form 990, Part VIII, line 7b		19,505.	-	
	Other (Describe in Part XIII.)	4b			10 505
	Add lines 4a and 4b			4c	19,505.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			5	613,431.
		L IV / Iimaa dh	and Oh. Dark V. line	4. Doub V. line C	Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4, Part A, line 2	., Part AI,
III IES	20 and 4b, and Fart Air, lines 20 and 4b. Also complete this part to provide any add	ailionai imom	iation.		
-					
Part	V, line 4:				
ADF	Foundation maintains the endowment to financially support Alli	ance			
-					
Defe	nding Freedom, a related organization, in achieving its object	ives.			
Sche	dule D, Part V, Lines 1a and 1f, Columns (a) through (e)				
The	previously-reported administrative expenses in Part V, Line 1f	,			
colu	mns (b) through (e) have been updated to remove expenses that	were not			
dire	ctly charged to the endowment funds. The beginning and ending	balances			
have	been updated accordingly.				
Sche	dule D, Part X:				
Inve	stments Held for Related Organization of \$17,825,929 represent	s			

Schedule D (Form 990) 2021 AI	F Foundation	86-1158500	Page 5
Schedule D (Form 990) 2021 AI Part XIII   Supplemental Informa	tion (continued)		
investment assets of Alliance De	fending Freedom that are held and managed		
by the Foundation.			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ADF Foundation	n						86-1158500
Part I General Information on Grants	and Assistance						
Does the organization maintain records criteria used to award the grants or ass     Describe in Part IV the organization's present II Grants and Other Assistance to	istance? rocedures for moni	toring the use of gran	t funds in the Unite	d States.			X Yes No
recipient that received more than	_				anization answered	res on Form 990, Fan	TV, III e 21, IOI arry
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Alliance Defending Freedom 15100 North 90th Street Scottsdale, AZ 85260	54-1660459	501(c)(3)	522,893.	0.			Programmatic and operating support
<ul> <li>Enter total number of section 501(c)(3)</li> <li>Enter total number of other organization</li> </ul>		4					1

Schedule I (Form 990) 2021 ADF Foundation 86-1158500 Page 1

Scriedule 1 (1 01111 990) 2021 1321 1 9 411 44 1911					1 age
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
David Complete Comple	and the Death Life	- O. Dart III. aabaaa	- (l-\)	deliki ozot izako zaroki oz	
Part IV Supplemental Information. Provide the information red	quired in Part I, Iir	ie 2; Part III, columi	n (b); and any other a	dditional information.	
Part I, Line 2:					
The ADF Foundation receives assurance by Alliance	Defending Fre	edom, a			
related organization, that the grants are used in a	accordance wi	th the terms			
and conditions of the grants.					
and conditions of one granes.					

Schedule I (Form 990) 2021

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ADF Foundation

**Employer identification number** 86-1158500

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations  Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:	_				
a	The organization?	5a		X		
b	Any related organization?	5b		Х		
_	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:			v		
a	The organization?	6a		X		
b	Any related organization?	6b		Х		
_	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v		
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			17		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
Populations section 53 $40586(c)$ ?						

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 ADF Foundation 86-1158500 Page 2

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Michael Farris	(i)	0.	0.	0.	0.	0.	0.	0.	
Director	(ii)	579,358.	39,169.	6,715.	2,267.	17,215.	644,724.	0.	
(2) Wayne N. Swindler - Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.	
(thru Feb/22); President (Mar-Jun 22	(ii)	276,322.	15,000.	3,679.	6,738.	25,247.	326,986.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

 Schedule J (Form 990) 2021
 ADF Foundation
 86-1158500
 Page 3

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 3:
The Foundation does not compensate its officers and board members for
service in those positions. Compensation is paid to a Foundation
officer, the President, by a related 501(c)(3) organization. For
compensation purposes, the Foundation board relies on the related
organization for comparability data and contemporaneous substantiation
to help determine compensation. Through the appropriate process, which
includes review of market comparability data, approval by the
Foundation board Performance Evaluation Task Group (PETG)/Executive
Committee and final approval by the Foundation full board, executive
compensation is established.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Employer identification number Name of the organization ADF Foundation 86 - 1158500Types of Property

		(a)	<b>(b)</b> Number of	(c)	(d)	4 !		
		Check if applicable	contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			9
		арріюавіс	items contributed	Form 990, Part VIII, line 1g	Tioriodori cortilida	ition ai		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	85	773,439.	Actual Proceeds			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part V, [	Oonee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
<b>b</b> If "Yes," describe the arrangement in Part II.								
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

**Employer identification number** 

Name of the organization ADF Foundation 86-1158500 Form 990, Part VI, Section A, line 7a: The ADF Foundation Board of Directors provides to the Chairman of the Alliance Defending Freedom ("Ministry") Board a slate of qualified candidates to serve on the Foundation Board. In the recommendations to the Ministry, the information includes the candidates' education, work experience, philanthropic and community involvement activities, and the specific qualities and/or experience that help identify what will make the individual an engaged member of the Foundation's Board of Directors and a high quality steward of the Foundation's resources and its mission. Foundation's Directors are appointed in writing by the Ministry Board. One or more other individuals may also serve simultaneously on the Foundation Board, as well as the Ministry Board of Directors. In addition the President and CEO of the Ministry shall automatically, upon assumption of such office, become a Director of the Foundation Board with full voting power during his/her tenure in office. The Foundation's Governance and Nominating Committee ("Committee") is appointed by the Foundation Board of Directors. The Committee, among many other responsibilities, is responsible for developing the criteria and qualifications for membership on the Board; identifying, recruiting and

qualifications of possible candidates.

recommending director candidates to fill new or vacant positions on the

Board; and conducting appropriate inquiries into the backgrounds and

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

Name of the organization  ADF Foundation	Employer identification number 86-1158500
	00 1130300
The Foundation's bylaws prohibit taking "substantial action" without the	
approval of the Alliance Defending Freedom board of directors. "Substantial	
action" means (1) Merging with another corporation or entity; (2)	
Dissolving the Foundation; (3) Guaranteeing the obligations of another	
entity or individual; or (4) Selling or transferring all or substantially	
all (eighty percent (80%)) of the assets of the Foundation.	
Form 990, Part VI, Section A, line 8b:	
The Foundation does not have any committees that have authority to act on	
behalf of the governing body. Therefore, this line was answered no in	
accordance with the instructions.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is prepared by an independent CPA firm. Upon completion, the	
Finance Team of Alliance Defending Freedom (ADF), a related organization,	
reviews the ADF Foundation Form 990 through the following process:	
1) ADF VP of Finance and accounting team members compare the Form 990 to	
the annual corporate consolidated audited financial statements and internal	
financial reports. The Form 990 is then reviewed by the ADF Foundation	
President for content and clarity.	
2) The ADF VP of Finance assigns the ADF accounting team members to review	
calculations, spelling, and content.	
3) Following the review, the Form 990 is distributed to:	
A. ADF VP of Finance	

B. ADF Foundation President

Schedule O (Form 990) 2021 Page **2** 

C. ADF Foundation Director of Operations	
4) The return is shared with the Board of Directors.	
5) Changes and corrections throughout the process are addressed at each	
step.	
6) The ADF Foundation President signs the Foundation Form 990 and causes it	
to be filed with the IRS.	
7) Upon filing with the IRS, the ADF Foundation Form 990 is available for	
public inspection.	
Form 990, Part VI, Section B, Line 12c:	
The conflict of interest policy covers any Director, Principal Officer, or	
Member of a committee with governing board delegated powers, who has a	
direct or indirect financial interest. Annually, each covered person is	
required to sign a statement affirming receipt, understanding, compliance	
and reporting under the policy. The Foundation also conducts periodic	
reviews to ensure operations are consistent with its charitable purposes.	
Directors shall report possible conflicts of interest to the Chairman of	
the Board of Directors prior to any action on the transaction by the	
Foundation. Upon report of a possible conflict, the Board of Directors	
shall conduct an investigation and determine whether a conflict of interest	
does exist and whether it is substantial. If the Board determines that a	
substantial conflict of interest exists, the interested individual shall	
not vote on the transaction presenting the conflict. The interested  individual may vote only if the Board determines that no conflict exists or	

Schedule O (Form 990) 2021 Page **2** 

Name of the organization  ADF Foundation	Employer identification number
the conflict is not substantial. No investigation or determination by the	
Board shall be required if the interested individual voluntarily agrees to	
refrain from voting on the transaction presenting the potential conflict of	
interest. The interested individual may be counted in determining the	
presence of a quorum. The remaining Board or Committee Members shall decide	
if a conflict of interest exists. The minutes of the governing board and	
all committees with Board delegated powers shall contain: A. The names of	
the persons who disclosed or otherwise were found to have a financial	
interest in connection with an actual or possible conflict of interest, the	
nature of the financial interest, any action taken to determine whether a	
conflict of interest was present, and the governing board's or committee's	
decision as to whether a conflict of interest in fact existed. B. The names	
of the persons who were present for discussions and votes relating to the	
transaction or arrangement, the content of the discussion, including any	
alternatives to the proposed transaction or arrangement, and a record of	
any votes taken in connection with the proceedings.	
Form 990, Part VI, Section B, Line 15:	
ADF Foundation does not compensate any officers or key employees.	
Therefore, these lines were answered no in accordance with the	
instructions.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AK,AR,CA,FL,GA,HI,IL,KS,MA,MD,ME,MI,MN,MS,NH,NJ,NY,PA,RI,SC,TN,UT,VA,WI,WV	
Form 990, Part VI, Section C, Line 19:	
ADF Foundation makes its governing documents, conflict of interest policy,	
and financial statements available to the public upon request.	

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Related Organizations and Unrelated Partnerships**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ADF Foundation						86-1158500		
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(d) (e) Total income End-of-year		Direct o	<b>(f)</b> controlling ntity	9
	-							
	<u>-</u>							
Identification of Related Tax-Exempt Organiz	etions Complete if the eventionist	on annuaved "Voo" on Form 00	O Port IV line 24	haasuas it had an	0.00.0000	related toy over		
Part II organizations during the tax year.	ations. Complete if the organization	on answered fes on Form 99	u, Part IV, line 34,	because it riad on	e or more	e relateu tax-exe	трі	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity	contr	g) 512(b)(13) rolled tity?
Alliance Defending Freedom - 54-1660459				(-)(-)/			Yes	No
15100 N. 90th St. Scottsdale, AZ 85260	Legal advocacy	Virginia	501(c)(3)	Line 7	N/A			x

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	l	ortionate tions?	Code V-UBI	Gene	ral or l	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										Ш		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l conti	b)(13) rolled ity?
		country)						Yes	No
15100 Solar, LLC - 30-0710109									
15100 North 90th Street	Own and operate solar								l
Scottsdale, AZ 85260	energy project	AZ	N/A	C CORP	N/A	N/A	N/A		х
Alliance Defending Freedom Belgium ASBL									
Rue Guimark 15, 1040, Etterbeek	Human rights legal								
Brussels, BELGIUM	work	Belgium	N/A	C CORP	N/A	N/A	N/A		х
ADF International (UK)									
16 Old Queen Street	Human rights legal	United							
London, UNITED KINGDOM	work	Kingdom	N/A	C CORP	N/A	N/A	N/A		х
ADF International (France)									
4 Pl Du Marche Aux Poissons	Human rights legal								
Strasbourg, FRANCE	work	France	N/A	C CORP	N/A	N/A	N/A		х
Alliance Defending Freedom Switzerland									
Rue du Pre-de-la-Bichette 1, 1202	Human rights legal								
Geneve, SWITZERLAND	work	Switzerla	N/A	C CORP	N/A	N/A	N/A		Х

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Schedule R (Form 990) ADF Foundation 86-1158500

## Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

	<u> </u>		<u> </u>	1			_	1	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction (b)(13) crolled tity?
		country)		01 11 40 17		455515		Yes	No
Alliance Defending Freedom International									
Deustchland e.V., FZF Rechtsanwalte	Human rights legal								
Ludolfusstr. 2-4, Frankfurt, GERMANY 60487	work	DE	N/A	C CORP	N/A	N/A	N/A		Х
	•		•	•	•	•		•	

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or mo	re related organizations listed	in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х		
b	b Gift, grant, or capital contribution to related organization(s)			1b	Х			
С	c Gift, grant, or capital contribution from related organization(s)			1c		Х		
d	d Loans or loan guarantees to or for related organization(s)			1d		Х		
е	e Loans or loan guarantees by related organization(s)							
f	f Dividends from related organization(s)			1f		Х		
g	g Sale of assets to related organization(s)			1g		Х		
h	h Purchase of assets from related organization(s)			1h		Х		
i	i Exchange of assets with related organization(s)			1i		Х		
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11	Х			
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m	Х			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Х			
0	Sharing of paid employees with related organization(s)			10	Х			
р	p Reimbursement paid to related organization(s) for expenses			1p		Х		
q	Reimbursement paid by related organization(s) for expenses			1q		Х		
r	r Other transfer of cash or property to related organization(s)			1r		Х		
	s Other transfer of cash or property from related organization(s)			1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including covered	relationships and transaction thresholds.					
	(a) Name of related organization  (b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
			Cahadula D	/F ~ ~ ~	~ 000	2004		

<u>Schedule R (Form 990) 2021 ADF Foundation</u> 86-1158500 Page **4** 

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptional allocation	or- Code V-UBI amount in box 2 ns? of Schedule K-	General of managin partner?  Yes No	(k) Percentage ownership

Schedule R	(Form 990) 2021 ADF Foundation	86-1158500	Page <b>5</b>
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

•	ations required to file an income tax return other than F Form 7004 to request an extension of time to file incor		• • •	ips, REMIC	s, and trusts	
Type or	Name of exempt organization or other filer, see instru	Taxpayer	identification n	umber (TIN)		
print	ADF Foundation		86-1158500			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 15100 North 90th Street	see instruc	tions.			
instructions.	City, town or post office, state, and ZIP code. For a scottsdale, AZ 85260		•			
Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)			0 1
Application	pplication Return Application					Return
Is For	s For Code Is For					Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
Form 990	-T (corporation)  Cheryl Prince	07				
• If the o	one No. ► 480-444-0020  organization does not have an office or place of busines  s for a Group Return, enter the organization's four digit  . If it is for part of the group, check this box	Group Exe		If this is fo	r the whole grou	
the ►[ ►	quest an automatic 6-month extension of time until organization named above. The extension is for the org or or tax year beginning JUL_ 1 , 2021 e tax year entered in line 1 is for less than 12 months, Change in accounting period	ganization's	s return for: d ending JUN 30, 2022	e the exem	npt organization ·	return for
any	is application is for Forms 990-PF, 990-T, 4720, or 606 nonrefundable credits. See instructions.			3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 606			2h	¢	0.
	mated tax payments made. Include any prior year over ance due. Subtract line 3b from line 3a. Include your p			3b	\$	0.
	ng EFTPS (Electronic Federal Tax Payment System). Se	,	, , ,	3c	\$	0.
	If you are going to make an electronic funds withdrawa					

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

Form 8868 (Rev. 1-2022)

instructions.