Form	. 990-1	=X0.	(and prove toy u	ındarı	ess incor	ne lax re	turn į	ОМВ	No. 1545-0687	7	
1 0111		Farasland	(and proxy tax under section 6033(e)) or calendar year 2015 or other tax year beginning, and ending								
								(2	<b>2015</b>	)	
	artment of the Treasury	► Into	ormation about Form 990-T and its in	nstructio	ns is available at w	www.irs.gov/form99	90t.	Open to	Public Incocati	on.	
	nal Revenue Service Check box if	P DO HOL	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open to Public Inspection for 501(c)(3) Organizations O  Name of organization ( Check box if name changed and see instructions.)  D Employer identification number								
A [	address changed				e changed and see i	nstructions.)	(Emplo	yer identi yees' trust, s	ification numb see instructions.)	er	
	Exempt under section  X 501 ( C ) ( 3 )		Anti-Defamation League Found						,		
ŀ	= '	Print	Number, street, and room or suite no. If	a P.O. bo	x, see instructions.			13-288			
ŀ	408(e) 220(e)	_ or	605 Third Avenue City or town				E Unrela	ated busin structions.)	ess activity co	odes	
ŀ	408A 530(a)	Туре	3.50	State		ZIP code	,	dellorio.,			
L	529(a)		New York Foreign country name	NY Foreign n	rovinos/state/t	10158			×		
			r oroign country name	roleigh p	rovince/state/county	Foreign postal code	900	099			
С	Book value of all assets at	F Grou	ıp exemption number (See instru	uctions	<b>•</b>		300	099	i		
	end of year 116,170,632		ck organization type ► X 50			01(c) trust	401(a) t	ruct [	Other tru		
Н			nary unrelated business activity.		Investments	0 1(0) 11 401	401(a) ti	ust _		St	
ī	During the tax year, was	s the corpo	pration a subsidiary in an affiliated	aroup or	a parent-subsidis	ary controlled arou	ın?		7 1/2	A.F.	
	If "Yes," enter the name	and identi	ifying number of the parent corpora	group or ation.▶	a parent-subsidio	ary controlled grou	ρŗ		Yes X	No	
J	The books are in care	of <b>&gt;</b>			Teler	phone number	<b>&gt;</b>				
Pa	rt I Unrelated Tr	ade or E	Business Income		(A) Income		penses		(C) Net		
1	a Gross receipts or sa	les							IN THE REAL PROPERTY.		
	b Less returns and allowar	nces	c Balance ▶	1c	0						
2			A, line 7)								
3	Gross profit. Subtrac	ct line 2 fro	om line 1c	. 3	0				0	en nage	
4	a Capital gain net inco	me (attac	h Schedule D)	. 4a							
	b Net gain (loss) (Form	4797, Part	II, line 17) (attach Form 4797) .	. 4b		E Mi					
3223	c Capital loss deduction	on for trust	ts	. 4c		511					
5 6	Pont income (Sahad	erships and	S corporations (attach statement) .	. 5	235,915				235,915		
7	I Inrelated debt-finan	ced incom	ne (Schedule E)	. 6							
8	Interest annuities royalties	and rente fr	rom controlled organizations (Schedule F)	8				_			
9	Investment income of a sec	tion 501(c)(7	'), (9), or (17) organization (Schedule G)	9				_			
10	Exploited exempt ac	tivity incor	me (Schedule I)								
11	Advertising income (	Schedule	J)	. 11				-			
12	Other income (See in	nstruction	s; attach schedule)	. 12							
13	Total. Combine lines	3 through	h 12	. 13	235,915		0	record.	235,915		
Pa	rt II Deductions	Not Take	en Elsewhere (See instructi	ons for	limitations on	deductions.) (I	Except for	or contr	ibutions,		
	<u>deductions m</u>	iust be di	irectly connected with the ur	relate	d business inc	ome )					
14	Compensation of offi	cers, dire	ctors, and trustees (Schedule K)	)			14				
15 16	Salaries and wages		********			* * * * * *	<u>1</u> 8				
17	Rad debts	lance .					16				
18	Interest (attach sche	dule)					17				
19	Taxes and licenses						18		00.500		
20	Charitable contribution	ons (See i	nstructions for limitation rules.)		* * * * * * * *	(*) * (*) * (*) *	20	_	20,589	_	
21	Depreciation (attach	Form 456	52)		21		20			_	
22	Less depreciation cla	aimed on S	Schedule A and elsewhere on re	eturn .	22a		22	b			
23	Depletion						22				
24	Contributions to defe	rred comp	pensation plans				24				
25	Employee benefit pro	ograms .					25	5			
26	Excess exempt expe	nses (Sch	nedule I)				26				
27 28	Excess readership co	osts (Sche	edule J)				27				
29	Total deductions (att	iach schei dd lines 1	dule)				28		2,100		
30	Unrelated husiness to	avable inc	4 through 28	 Industi-	n Cubteret lier	00 from "	29		22,689		
31	Net operating loss de	eduction (	limited to the amount on line 30)	Jeuuctic	ii. Subtract line	∠9 from line 13 .	30		213,226		
32	Unrelated business to	axable inc	come before specific deduction.	Subtrac	t line 31 from lin		31		242.000		
33	Specific deduction (G	Senerally S	\$1,000, but see line 33 instruction	ons for a	exceptions)	G 30	32		213,226		
34	Unrelated business	taxable i	ncome. Subtract line 33 from lin	ne 32. If	line 33 is greate	r than line	33	-	1,000		
	32, enter the smaller	of zero or	line 32		g.oato		24		242.226		



ANTI DEFAMATION LEAGUE FOUNDATION % MICHAEL A KELLMAN EXEC DIRECTOR 605 THIRD AVE NEW YORK NY 10158-0180

CP211A
December 31, 2015
April 18, 2016
13-2887439
Phone 1-877-829-5500
FAX 801-620-5555

Page 1 of 1



003581

Important information about your December 31, 2015 Form 990T

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2015 Form 990T.

Your new due date is November 15, 2016.

## What you need to do

File your December 31, 2015 Form 990T by November 15, 2016.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

#### Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

u	iax computation				
35	Organizations Taxable as Corporat members (sections 1561 and 1563) of	ions. See instructions for tax computations heck here See instructions	on. Controlled group		
	a Enter your share of the \$50,000, \$25, (1) \$   (2) \$	000, and \$9,925,000 taxable income bra	s and: ackets (in that order):		
	b Enter organization's share of: (1) Add				
	(2) Additional 3% tax (not more than 9	\$100,000)	. \$		
	c Income tax on the amount on line 34	,100,000)	\$		
36	Trusts Taxable at Trust Rates See	instructions for tax computation. Income		. ▶ 35c	66,018
	amount on line 34 from: Tax r	ate schedule or Schedule D.	tax on the	3086	
37		ate schedule or Schedule D (For	m 1041)		
38	Alternative minimum tax	* 1. * 1. * 1. * 1. * 1. * 1. * 1. * 1.			
39	Total. Add lines 37 and 38 to line 35c	or 36, whichever applies		38	
Pai	rt IV Tax and Payments	or se, whichever applies		39	66,018
	a Foreign tax credit (corporations attach	Form 1118: trusts attach Form 1116)	100		
	b Other credits (see instructions)		40a 40b		
	c General business credit. Attach Form	3800 (see instructions)	40c	H. Marie	
	d Credit for prior year minimum tax (atta	ach Form 8801 or 8827)	40d		
	e Total credits. Add lines 40a through 4	40d		10-	
41	Subtract line 40e from line 39			40e	0
42	Other taxes. Check if from: Form 4255	Form 8611   Form 8697   Form 886	Other (attach asha)		66,018
43	Total tax. Add lines 41 and 42			43	66,018
44 8	a Payments: A 2014 overpayment credi	ted to 2015	44a 63,060		00,010
	b 2015 estimated tax payments		44b 41,900		
	c Tax deposited with Form 8868		44c	MAR.	
	d Foreign organizations: Tax paid or with	hheld at source (see instructions)	44d	50 mm ( ) 10 mm	
	Backup withholding (see instructions)     Credit for small employer health insur-	X	44e		
	or and a serial omployer reduction		44f		
,		Form 2439			
45		Other Total	<b>44g</b> 0		
45 46	Fotimeted to a smaller (see instance)	h 44g		45	104,960
46 47	Tax due If line 45 is less than the total	s). Check if Form 2220 is attached		46	1,000
48	Overnayment If line 45 is lorger than	al of lines 43 and 46, enter amount owed		. ► 47	0
49	Enter the amount of line 48 you want: Cre	the total of lines 43 and 46, enter amount			38,942
	rt V Statements Regarding Cer	tain Activities and Other Las	38,942 Refunded	49	0
1		tain Activities and Other Informa	tion (see instructions)		
	over a financial account (bank account	year, did the organization have an interes	st in or a signature or o	ther authority	Yes No
	FinCEN Form 114 Report of Foreign	ies, or other) in a foreign country? If YES	S, the organization may	have to file	
	here	Bank and Financial Accounts. If YES, en	ter the name of the fore	eign country	
2		aceive a distribution from assure it the	<del></del>		X
~	If YES, see instructions for other forms	eceive a distribution from, or was it the gran	itor of, or transferor to, a	foreign trust?.	. X
3	Enter the amount of tax-exempt interes	st received or accrued during the tax yea			
	nedule A—Cost of Goods Sold. En	ter method of inventory valuation	r ▶ \$		
1	Inventory at beginning of year		tons at and af		
2	Purchases	- Inver	tory at end of year .		
3	Cost of labor	, 0036	of goods sold. Subtra from line 5. Enter here		
4 a	1	TITIC O	Part I, line 2		
	(attach schedule)	4a 8 Do th	e rules of section 263A	7	0
b	Other costs (attach schedule) .	4b prope	erty produced or acquire	ed for resole)	Yes No
5	Total. Add lines 1 through 4b	5 0 anniv	to the organization?		
	Under penalties of perjury, I declare that I have ex	amined this return, including accompanying schedules and	statements and to the heet of my	knowledge and belief	it is true correct
Sigr	n   N	based on all information of which preparer ha	s any knowledge.		
ler		1/1/1/16 EXEC	CUTIVE DIRECTOR	May the IRS	discuss this return with
	Signature of officer	Date Title	31311	instructions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date		M iso   no
Paic			11/4/16	Check if	PTIN
	parer Firm's name > GRANT	Thornton LLP	10	self-employed	
Jse	Firm's address	INGKNIOL LLP		Firm's EIN ▶	
	15 1 h	and Avenue, New York, 1	27 10017	Phone no.	

(see instructions)	(FIOIII Real	riope	rty a	nu Personai i	rope	rty Leased	i with Real Pro	operty	y)
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or ac	crued						
(a) From personal property (if the per for personal property is more than more than 50%)		pe 5	ercentag	m real and personal e of rent for persona the rent is based on	property	exceeds	3(a) Deductions of in columns 2(	lirectly co	onnected with the income (b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total	0	Total				0			
(c) Total income. Add totals of col			er				(b) Total deduc		
here and on page 1, Part I, line 6, o		C-0.00				0	Enter here and Part I, line 6, co	on page lumn (F	e 1, B) ▶ (
Schedule E-Unrelated De	And the sale within			e instructions)				1011111 \2	
				our sare sone o		3. [	Deductions directly co	nnected	with or allocable
1. Description of debt-	financed property			<ol><li>Gross income f allocable to debt-fit</li></ol>			to debt-finan		
				property			line depreciation h schedule)		(b) Other deductions (attach schedule)
(1)						,	•		()
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	Average adjusted basis     of or allocable to     debt-financed property     (attach schedule)		6. Column 4 divided by column 5	d 7. Gross ir		come reportable 2 × column 6)	8. Allocable deductions (column 6 × total of column 3(a) and 3(b))		
(1)					%		0		(
(2)					%		0		(
(3)					%		0		(
(4)					%		0		(
Totals					<b>•</b>	Part I, line	and on page 1, 7, column (A). 0	Par	er here and on page 1, t I, line 7, column (B). (
Schedule F-Interest, Ann	uities, Royal	ties, a	and R	ents From Co	ontrol	led Organi	izations (see in	struction	ons)
•				pt Controlled O					5110/
Name of controlled organization	2. Employ identification n		3. Net	unrelated income (see instructions)	4. Tota	al of specified ments made	5. Part of column 4 included in the con- organization's gross	trolling	6. Deductions directly connected with income in column 5
(1)									
(2)			7.22						
(3)									
(4)									
Nonexempt Controlled Organiza	itions								
7. Taxable Income	8. Net unr (loss) (see				al of spe ments ma		10. Part of column 9 included in the contorganization's gross	trolling	11. Deductions directly connected with income in column 10
(1)									
(2)									
(3)									
(4)									
							Add columns 5 an Enter here and on p Part I, line 8, colum	page 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals						🕨		0	

Schedule G—Investment Incor	ne of a Section	501(c)(7), (9),	or (17) Organiza	tion (see instru	ctions)	. ago .
1. Description of income	2. Amount of incor	ne di	3. Deductions rectly connected attach schedule)	4. Set-asides	5. To	tal deductions et-asides (col. 3 olus col. 4)
(1)						0
(2)						0
(3)						0
(4)						0
Totals	Part I, line 9, column	1 (A). 0	Advantision		Part I, lin	e and on page 1, e 9, column (B). 0
Schedule I—Exploited Exempt	Activity income	otner inan	Advertising inco	me (see instruc	tions)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals		0				0
Schedule J—Advertising Incor						
Part I Income From Period	licals Reported	on a Consolic	lated Basis			
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totale (corry to Port II line (5))		0				
Totals (carry to Part II, line (5)) Part II Income From Period		on a Congreta		0	0	0
Part II Income From Period columns 2 through 7 of	ncais Reported (	on a Separate	e basis (For each	periodical liste	ed in Part II, fil	l in
columns 2 through 7 t	on a line-by-line t	basis.)				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
(5) Totals from Part I	0	0				0
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Schedule K—Compensation of	Officers Direct			ine)		0
1. Name		, una mas	2. Title	3. Percent of time devoted to business	4. Compensa	tion attributable to
(1)				Dualifeas	%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1. Part II. I	ine 14				,,,	

Form 990-T (2015)

## **Anti-Defamation League Foundation**

13-2887439

Statement 1

Share in Limited Partnerships - Part I, Line 5

**Unlimited Business** 

<u>Income</u>

Interest in Limited Partnerships

235,915.00

to Part I, Line 5

Statement 2

Other Deductions - Part II, Line 28

**Unlimited Business** 

<u>Income</u>

Tax preparation fee

\$ 2,100.00

to Part II, Line 28

## Form 8949

## Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

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

OMB No. 1545-0074

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Name(s) shown on return
Anti-Defamation League Foundation

Social security number or taxpayer identification number

13-2887439

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

**Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

	(C) Short-term transactions	not reported t	o you on Forr	n 1099-B				
1	(a)  Description of property	(a) (b)  Description of property (Mo., day, yr.)			(e) Cost or other basis. See the Note below and see Column (e)	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
	(Example: 100 sh. XYZ Co.)	(, 25), ))	disposed of (Mo., day, yr.)	of (sales price) yr.) (see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Pass	s-through entities (K-1)							295
ne Sc	tals. Add the amounts in columns (d), gative amounts). Enter each total here chedule D, line 1b (if Box A above is c ove is checked), or line 3 (if Box C ab	e and include on yo hecked), line 2 (if <b>E</b>	our	0	0		0	205

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

Form 8949 (2015)					Attachment Se	quence No. 12A	Page 2
Name(s) shown on return. Name and SSN or		ation no. not requ	ired if shown on othe	Maria.		mber or taxpayer iden	tification number
Anti-Defamation League Foundation		50 6/10			-2887439		
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b Part II Long-Term. Transact	tion as Form 10 ox to check.	099-B. Either v	vill show whether	your basis (usuall	y your cost) w	as reported to the IF	bstitute २S by your
transactions, see pag	e 1.			,			
<b>Note:</b> You may aggregeto to the IRS and for white 8a; you aren't required	ch no adjustm d to report the	nents or codes se transactior	s are required. E ns on Form 8949	inter the totals di (see instruction	rectly on Sch s).	edule D, line	
You <i>must</i> check Box D, E, <i>or</i> F b a separate Form 8949, page 2, for more of the boxes, complete as ma	each applicat any forms with	ole box. If you the same bo	have more long x checked as yo	-term transaction ou need.	ns than will fit	on this page for o	omplete ne or
X (D) Long-term transactions (E) Long-term transactions (F) Long-term transactions	reported on Fo	orm(s) 1099-E	3 showing basis		d to the IRS	5 500 5500000 00000 <b>2</b> 0	
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
		(Wo., day, yi.)	(see matructions)	instructions	Code(s) from instructions	Amount of adjustment	combine the result with column (g)
Pass-through entity (K-1)							106

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

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

0

0

106

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,

1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2015

Employer identification number Anti-Defamation League Foundation 13-2887439 Part I Short-Term Capital Gains and Losses

— -Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to (h) Gain or (loss) the lines below. (d) gain or loss from Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part I, (sales price) (or other basis) column (d) and combine whole dollars line 2, column (g) the result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 0 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 295 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked . 0 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . 5 Unused capital loss carryover (attach computation) . . . . 6 789) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h -494Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to (h) Gain or (loss) the lines below. (d) gain or loss from Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, column (d) and combine (sales price) (or other basis) whole dollars line 2, column (g) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 0 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 106 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . 13 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . 15 106 Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . . 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . 17 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. . . . . 18

## Line 6 (Sch D (1120)) - Capital Loss Carryover

Ca	pital Loss	Loss (	Carryback	Loss C	arryover		Current Year	
V		Preceding	Amount	Subsequent	Amount		Amount	Remaining Loss
Year	Amount	Years	Used	Years	Used	Available	Used in 2015	to 2016
	789	2011	0					
2014		2012	0					
		2013	0			789	401	388
		2010						
2013		2011						
		2012		2014	0	o	0	0
		2009						
2012		2010		2014	0			
		2011		2013		ol	0	0
		2008		2014	0			
2011		2009		2013				
		2010		2012		اه	0	n n
		2007		2014	0			0
2010		2008		2013				
2010		2009		2012		1		
				2011		o	0	

1	Total unused capital loss carryover available	1	(789)
2	Current year short-term gain or (loss)	2	295
3	Current year long-term gain or (loss)	3	106
	Subtotal (sum of lines 1, 2, and 3)		
4	Total losses available to 2016	4	388

(Rev. December 2013)

## Return by a U.S. Transferor of Property to a Foreign Corporation

Information about Form 926 and its separate instructions is at www.irs.gov/form926.

OMB No. 1545-0026

Attachment

Department of the Treasury

Attach to your income tax return for the year of the transfer or distribution. Sequence No. Part I **U.S. Transferor Information** (see instructions) Name of transferor Identifying number (see instructions) Anti-Defamation League Foundation 13-2887439 If the transferor was a corporation, complete questions 1a through 1d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying number(s): Controlling shareholder Identifying number c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent If not, list the name and employer identification number (EIN) of the parent corporation: Name of parent corporation EIN of parent corporation X No If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership EIN of partnership Yes No Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established No Transferee Foreign Corporation Information (see instructions) Part II Name of transferee (foreign corporation) 4a Identifying number, if any Valinor Capital Partners Offshore, LTD Foreign US Address (including country) 4b Reference ID number (see instructions) Morgan Stanley Fund services LTD, Cricket Sq. PO Box 2681, Grand Cayman, Cayman Islan Country code of country of incorporation or organization (see instructions) 6 Foreign law characterization (see instructions) Exempted company

## Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	<b>(c)</b> Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on
Cash	4/21/2015		3,000,000	Dasis	transfer
Stock and					
securities					
Installment					
obligations,					
account receivables or					
similar property					
10 EX 100A					
Foreign currency					
or other property denominated in					
foreign currency					
Inventory					
Assets subject to					
depreciation					
recapture (see Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property					
used in trade or business not listed					
under another					
category					
	-				
Intangible					
property					
Property to be leased					
(as described in final					
and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as					
described in					
Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and					
gas working interests					
(as described in Temp. Regs. sec.					
1.367(a)-4T(e))					
Other property					
Supplemental Inf	ormation Required To E	Be Reported (see instruc	ctions):		

experience in the management of the ported (accombination).	

Pa	Additional Information Regarding Transfer of Property (see instructions)		
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
	(a) Before0.000 % (b) After <10%		
10	Type of nonrecognition transaction (see instructions)		
11 a b c d	Gain recognition under section 904(f)(5)(F)	Yes	X No X No X No
12 13	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:	Yes	X No
a b c d	Tainted property	Yes	X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred  \$		
16	Was cash the only property transferred?	X Yes	☐ No
17a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		