Form	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							n	OMB No. 1545-0047		
1 01111		F	• • •			•	• •	,	@@ 40		
		For cale	ndar year 2019 or other tax year begin Go to www.irs.gov/Form990					' —'	4	W 19	
	ment of the Treasury I Revenue Service	▶ Do	not enter SSN numbers on this form a					:)(3).	Open to 501(c)(3)	Public Inspection for Organizations Only	
Α _	Check box if address changed	, ==			ne changed and s			D Emplo	yer identif	ication number ee instructions.)	
B Exe	mpt under section	•	ANTI-DEFAMATION LEAG	GUE	FOUNDATIO	1					
X	501(C)(3)	Print	Number, street, and room or suite no. I	lf a P.O	. box, see instruction	ons.		13-2	887439		
	408(e) 220(e)	or Type							Unrelated business activity code (See instructions.)		
	408A 530(a)		605 THIRD AVENUE					(See in	structions.)		
	529(a)		City or town, state or province, country	•	IP or foreign posta	l code					
	k value of all assets nd of year		NEW YORK, NY 10158-					9000	99		
	•		up exemption number (See instruct			1		1		 	
	7,338,289.	•	ck organization type X 501	. ,		501(c		∫ 401(a)		Other trust	
			nization's unrelated trades or busine	esses.				•	(or first) เ		
	de or business her					•	complete Parts I-			, describe the	
	·		end of the previous sentence, con	mpiete	Parts I and II, c	ompiete a S	cnedule IVI for eac	n additioi	naı		
	ide or business, th		corporation a subsidiary in an affili	iatad a	roup or a parent	eubeidian, e	controlled group?			Yes X No	
			identifying number of the parent co			Subsidial y d	ontrolled group?			res [22] NO	
	e books are in care			porati	JII. P	Telephon	e number ▶ 21	2-885-	-7700		
_			or Business Income		(A) Inco		(B) Expen			(C) Net	
	Gross receipts or				. ,					` ,	
b	Less returns and allowa		c Balance ▶	1c							
2	Cost of goods sol	d (Sched	ule A, line 7)	2							
3	Gross profit. Sub	tract line	2 from line 1c	3							
4 a	Capital gain net i	ncome (a	ttach Schedule D)	4a		- 927.				-927.	
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b							
С	Capital loss dedu	ction for t	rusts	4c							
5			r an S corporation (attach statement)	5	35	6,081.	ATCH 1			356,081.	
6				6							
7			come (Schedule E)	7							
8	•		ents from a controlled organization (Schedule F)								
9			1(c)(7), (9), or (17) organization (Schedule G)	9							
10		•	ncome (Schedule I)	10							
11 12	-	•	lule J)								
13	•		ough 12		35	5,154.				355,154.	
Par	Deduction	ns Not	Taken Elsewhere (See instr	ructio			eductions.) ([Deduction	ons mus		
			ne unrelated businèss incom							,	
14	Compensation of	officers,	directors, and trustees (Schedule K))							
15	Salaries and wage	es						15			
16	Repairs and main	tenance						16			
17											
18			(see instructions)					I .		783.	
19					1	1				12,344.	
20			4562)								
21			on Schedule A and elsewhere on re		_					6.	
22										0.	
23			compensation plans						+		
24			Schodulo IV						+		
25 26			Schedule I)								
26 27			chedule)							78,738.	
28			s 14 through 27.						+	91,871.	
29			le income before net operating							263,283.	
30			g loss arising in tax years beginning							· · · · · · · · · · · · · · · · · · ·	
31			e income. Subtract line 30 from line	-			•			263,283.	
			lotice, see instructions.			-			F	orm 990-T (2019)	

JSA 9X2740 1.000 2783MM 700J

Form **990-T** (2019)

Form **8868**

(Rev. January 2020)

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

,	form, visit www.irs.gov/e-file-providers/e-file			ructions). For more de	itans	on	the electronic		
Automatic	6-Month Extension of Time. Only subr	mit original	(no copies needed)						
All corporati	ons required to file an income tax return oth	ner than For	m 990-T (including 1120	-C filers), partnerships,	RE	MICs	and trusts		
_	Name of exempt organization or other filer, see	instructions.	-	Taxpayer identification nu	mbe	r (TIN	J)		
Type or					•				
orint File by the	ANTI-DEFAMATION LEAGUE FOUNDA			13-288743	9				
lue date for	Number, street, and room or suite no. If a P.O. b								
iling your eturn. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
nstructions.	NEW YORK, NY 10158-3560								
Inter the Ro	eturn Code for the return that this applicatio	n is for (file	a separate application for	each return)			0 7		
		,							
Application		Return	Application				Return		
s For	r Form 990-EZ	Code 01	Is For				07		
orm 990-b Form 990-B		02	Form 990-T (corporation Form 1041-A	iii)			08		
orm 4720		03	Form 4720 (other than	individual)			09		
Form 990-P	•	04	Form 5227	er triair individual)					
	(sec. 401(a) or 408(a) trust)	05	Form 6069				10		
Form 990-T (trust other than above) 06 Form 8870							12		
If the org If this is for the whole	e No. ▶ 212 885-7700 anization does not have an office or place or or a Group Return, enter the organization's fe group, check this box ▶	f business in our digit Gro If it is for pa	n the United States, check oup Exemption Number (G	SEN)	• •	If	this is		
1 I reque	est an automatic 6-month extension of time	until	11/16 . 20 2	0 to file the exempt	orc	aniz	ation return		
for the	organization named above. The extension calendar year 20 19 or tax year beginning	is for the or	ganization's return for:, and ending		20_				
	ax year entered in line 1 is for less than 12 l Change in accounting period	months, che	ck reason: Initial re	urn Final return	า 				
	application is for Forms 990-BL, 990-PF,	990-T, 472	0, or 6069, enter the to	entative tax, less any		ı			
	undable credits. See instructions.				3a	\$	61,912.		
	application is for Forms 990-PF, 990-		•	undable credits and		الما	0.000		
	ited tax payments made. Include any prior ye			uired by using FFTDC	3b	\$	8,088.		
	ce due. Subtract line 3b from line 3a. Include conic Federal Tax Payment System). See instr		ieni with this form, ii req	ulled, by using EF1F3	2-	•	E2 021		
	u are going to make an electronic funds withdraw		nit) with this Form 8868 and	Form 8453-FO and Form	3c		53,824.		
nstructions.	a are going to make an electronic funds withdraw	ai (un coi uci	, with this i offi 0000, see	TOTH OFOU-LO AND FORM	. 00	J-LC	, for payment		
	Act and Paperwork Reduction Act Notice, see ins	tructions.			Forn	886	68 (Rev. 1-2020)		

ANTI-DEFAMATION LEAGUE FOUNDATION Form 990-T (2019)

1 2	2007120	
13-	2887439	

Page 2

Par	t III	Total Unrelated Business Taxable	e Income					
32	Total o	unrelated business taxable income con	nputed from all u	nrelated trad	les or businesses (se	e		
	instruction	ons)				. 32		263 , 283.
33	Amounts	s paid for disallowed fringes				. 33		
34	Charitab	le contributions (see instructions for limitation r	rules)	ATCH.	4	. 34		26,328.
35	Total u	nrelated business taxable income before	pre-2018 NOLs an	d specific d	leduction. Subtract lir	ie		
	34 from	the sum of lines 32 and 33				. 35		236 , 955.
36	Deduction	on for net operating loss arising in t	tax years beginnir	ig before J	lanuary 1, 2018 (se	e		
	instruction	ons)				. 36		
37	Total of	unrelated business taxable income before spe	cific deduction. Subtr	act line 36 fro	m line 35	. 37		236 , 955.
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for except	ions)		. 38		1,000.
39	Unrelate	d business taxable income. Subtract line	38 from line 37.	If line 38 is	s greater than line 3	7,		
	enter the	smaller of zero or line 37	<u> </u>	<u> </u>		. 39	2	235 , 955.
Par		Tax Computation						
40	Organiz	ations Taxable as Corporations. Multiply line 3	39 by 21% (0.21)			▶ 40		49,551.
41	Trusts	Taxable at Trust Rates. See ins	tructi <u>ons</u> for tax	computation	on. Income tax o	n		
	the amo	unt on line 39 from: Tax rate schedule o	r Schedule	D (Form 1041)	▶ 41		
42	Proxy ta	x. See instructions				▶ 42		
43	Alternati	ve minimum tax (trusts only)				. 43		
44		Noncompliant Facility Income. See instructions						
45		dd lines 42, 43, and 44 to line 40 or 41, which						49,551.
Par		Tax and Payments						
46 a	Foreign	tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	46	Sa			
b	Other cr	edits (see instructions)		46	3b			
С		business credit. Attach Form 3800 (see instruc						
d		r prior year minimum tax (attach Form 8801 or						
e		edits. Add lines 46a through 46d				. 46e		
47		line 46e from line 45						49,551.
48		es. Check if from: Form 4255 Form 8611						·
49		Add lines 47 and 48 (see instructions)						49,551.
50		t 965 tax liability paid from Form 965-A or For				•		<u> </u>
51 a		ts: A 2018 overpayment credited to 2019			1			
		timated tax payments						
		osited with Form 8868			-			
	•	organizations: Tax paid or withheld at source (s						
۵.	-	withholding (see instructions)	·					
f	•	r small employer health insurance premiums (
, g		edits, adjustments, and payments: Form 24		3	''			
9				 Total ▶ 51	a			
52		yments. Add lines 51a through 51g		_		. 52		88,088.
53		ed tax penalty (see instructions). Check if Form				53		
54		If line 52 is less than the total of lines 49, 50						
55		ment. If line 52 is larger than the total of lines				, , , , ,		38,537.
56		amount of line 55 you want: Credited to 2020 esti			Refunded			00,007
		Statements Regarding Certain A						
57		time during the 2019 calendar year, did			•	•	authority	Yes No
٠,	•	financial account (bank, securities, or oth	-		-		-	
		Form 114, Report of Foreign Bank and		=	=	-		
		Tomi 114, Report of Foreign Bank and	Tillaliciai Accounts	s. 11 165, 1	enter the hame of the	ie ioreigi	Country	X
E 0	here	no toy year did the organization receive a diet	ribution from or was	it the grante	r of artrapolarorta of	araign truck		X
58	_	ne tax year, did the organization receive a dist		it the grantol	i oi, oi transieror to, a f	oreign trus		21
50		see instructions for other forms the organization	•	oor 🕨 ¢				
<u>59</u>		e amount of tax-exempt interest received or ac der penalties of perjury, I declare that I have examined			les and statements and to t	ne best of m	ıv knowledge	and belief it i
Si~.	tru	e, correct, and complete. Declaration of preparer (other than to					,	
Sigi		NAT KENDAL Ánat Kendal	11/6/2020	EAECIL	'IVE DIRECTOR	• •		this return
Her	~ ' —	nature of officer	Date	Title	TAR DIKECIOK	with the (see instructi		hown below
	319	•		Title	Date	(See IISTRUCTI	PTIN	es No
Paid	ı İ	Print/Type preparer's name	Preparer's signature		1 11 /6 /20201	heck L if	5005	0.41.00
	arer	DANIEL ROMANO			3	elf-employed		04182
•	Only	Firm's name FRANT THORNTON LLE		VODIC 3777			36-605	
	•	Firm's address ▶ 757 THIRD AVENUE, 4	TH FLOOR, NEW	IUKK, NY	IUUI/-2013 P	none no 2	12-599-	$0 \pm 0 \oplus$

13-2887439

Form 990-T (2019)								Page 3		
Schedule A - Cost of G	oods Sold. Er	iter method	l of inventory	valuation	>					
1 Inventory at beginning of y	/ear . 1		6	Inventory	at end of yea	ar	6			
2 Purchases	2		7			ld. Subtract line				
3 Cost of labor	3			6 from lin	ne 5. Enter	here and in Part				
4a Additional section 263A co	osts			I, line 2 .			7			
(attach schedule)	4a		8			section 263A (w		to Yes No		
b Other costs (attach schedu	ıle) . 4b					or acquired for				
5 Total. Add lines 1 through				to the orga	anization? .	<u> </u>		. N/A		
Schedule C - Rent Income	e (From Real P	roperty ar	nd Personal	Property	Leased V	Vith Real Proper	rty)			
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)										
(4)	2 Pont rocci	d on occur.	a d			1				
	2. Rent recei					-				
for personal property is more than 10% but not percentage			rom real and pers age of rent for pe if the rent is bas	rsonal property	exceeds		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of c	olumns 2(a) and 2(b). Enter				(b) Total deductio Enter here and on				
here and on page 1, Part I, line 6	i, column (A)	▶				Part I, line 6, colun				
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions	5)						
4.5				3. Deductions directly connected with or alloc debt-financed property				ocable to		
1. Description of del	ot-linanced property		allocable to de			nt line depreciation	(b) Other deductions (attach schedule)			
(1)					(atta	ion concadio)	(attaon o	<u> </u>		
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted of or allocable to debt-financed property (attach schedule)		ble to property	6. Colu 4 divid by colu	ded_		income reportable n 2 x column 6)	8. Allocable (column 6 x to 3(a) an	otal of columns		
(1)	,	,		%						
(2)				%						
(3)				%						
(4)				%						
					Enter her Part I, lir	re and on page 1, ne 7, column (A).	Enter here ar Part I, line 7,			
Totals		olumn 8		⊳ ∣ 						

Form **990-T** (2019)

Schedule F – Interest, Ann	uities, Royalties				ntrolled Or			Lauc)11 3 (566	HISTIUCII	oris)	
Name of controlled organization	2. Employer identification numb	er	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		_	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruct				Total of specifi ayments made		incl	luded	of column I in the cor ion's gross	ntrolling		Deductions directly nnected with income in column 10
(1)												
(2)												
(3)												
(4)												
Totals	ncome of a Sec	tion (501(c)(7),	(9), or (17	▶ 7) Orga	Pa	rt I, li		ructions)	l	ter here and on page 1, art I, line 8, column (B). 5. Total deductions
1. Description of income	2. Amount of	income			directly co (attach scl	nnected		4. Set-asides (attach schedule)		and set-asides (col. 3 plus col. 4)		
(1)												
(2)												
<u>(3)</u> (4)												
Totals ▶ Schedule I-Exploited Exe	Enter here and of Part I, line 9, co	olumn (A	N).	er Th	an Advert	ising Ir	ncome	e (se	e instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	conr pro u	Expense directly nected work of the direction of the dire	with of	4. Net incor from unrela or business 2 minus co If a gain, c cols. 5 thr	ted tradé (column lumn 3). ompute	from is n	activ ot uni	ncome rity that related income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
	Enter here and on page 1, Part I, line 10, col. (A).	pag	here an e 1, Par 10, col.	t I,								Enter here and on page 1, Part II, line 25.
Totals	ncome (soo instri	uctions	٠١									
Part I Income From Per				neol	idated Ba	eie						
Part Income From Fer		eu on	a CO	11501		515						
1. Name of periodical	2. Gross advertising income	3. Direct gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		7. Excess readership costs (column 6 minus column 5, but not more than column 4).								
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))												Form 990-T (2019

13-2887439

Page 5

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

Z unough i on a	mio by mio baci	o.,				
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)						
Totals from Part I ▶						
	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 26.
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	rustees (see instr	uctions)		
1. Name		2.	2. Title 3. Percent of time devoted to business 4. Compensation unrelated business			
(1)				0/2		

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
<u>(1)</u>		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1. Part II. line 14		•	

Form **990-T** (2019)

Public Copy

ANTI-DEFAMATION LEAGUE FOUNDATION

13-2887439

ATTACHMENT 1

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

INTEREST IN LIMITED PARTNERSHIPS

356,081.

INCOME (LOSS) FROM PARTNERSHIPS

356,081.

Public Copy

13-2887439

ATTACHMENT 2

FORM 990T - PART II - LINE 18 - INTEREST

LP INVESTMENT INTEREST EXPENSE

ANTI-DEFAMATION LEAGUE FOUNDATION

PART II - LINE 18 - INTEREST

783.

783.

Public Copy

13-2887439

ATTACHMENT 3

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

TAX PREPARATION FEE LP INVESTMENT EXPENSES

2,800. 75,938.

PART II - LINE 28 - OTHER DEDUCTIONS

78,738.

ATTACHMENT 4

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	355,154.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & CARRYOVER NOL	0. 91,871.
	0. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	26,328.
CHARITABLE CONTRIBUTION	26,328.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	26,328.

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.

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

OMB No. 1545-0123

ANTT	-DEFAMATION LEAGUE FOUNDATION				p.o y	L3-2887	439
	e corporation dispose of any investment(s) in a	qualified opportunit	ty fund during the ta	x vear?	<u> </u>	Yes	X No
	s," attach Form 8949 and see its instructions fo				s		
Part				,			
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line	n(s)	column (d)	olumn (e) from and combine
1a	whole dollars. 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	(caree price)	(0. 0.1.0. 0.0.0)	column (g)		the result	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked		119.				-119
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4		
	Short-term capital gain or (loss) from like-kind exchar				5		
6	Unused capital loss carryover (attach computation)				6	(
7	Net short-term capital gain or (loss). Combine lines 1	la through 6 in column	h		7		- 119
7 Part			··				
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part II, lin column (g)	n(s)	column (d)	(loss) olumn (e) from and combine 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 8b						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked		808.				-808
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
11	Enter gain from Form 4797, line 7 or 9				11		
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	·		12		
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13		
14	Capital gain distributions (see instructions)				14		
¹⁵ Part	Net long-term capital gain or (loss). Combine lines 8 Summary of Parts I and II	a through 14 in column	h	<u></u>	15		-808
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	il loss (line 15)		16		
17	Net capital gain. Enter excess of net long-term capit				17		
18	Add lines 16 and 17. Enter here and on Form 1120,		proper line on other retu	ırns.	18		

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

JSA

9E1801 1.000 2783MM 700J V 19-6.5F 0168531-00009 instructions). For long-term transactions, see page 2.

Public Copy

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number					
ANTI-DEFAMATION LEAGUE FOUNDATION	13-2887439					
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or subs statement will have the same information as Form 1099-B. Either will show whether your basis						

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

	(C) Short-term transactions	not reported	to you on For	m 1099-B				
1	(a)	(b)	(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 <i>Column</i> (e) in the separate instructions	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss). Subtract column (e)	
	Description of property (Example: 100 sh. XYZ Co.)					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PASS	THROUGH ENTITIES (K-1)	VAR	VAR		119.			-119.
_								
	Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above is checked) or line 3 (if Box C a	al here and inc e is checked), lin	lude on your e 2 (if Box B		119.			- 119.

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** (2019)

DocuSign Envelope ID: 332ED2F5-6373-4017-9188-3471DA832BA6 **Public Copy** Page 2 Form 8949 (2019) Attachment Sequence No. 12A Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Social security number or taxpayer identification number ANTI-DEFAMATION LEAGUE FOUNDATION 13-2887439 Before you check Box D, E, or F 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. Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g), (e) Gain or (loss). (c) (d) enter a code in column (f). Cost or other basis (a) (b) Date sold or Proceeds Subtract column (e) See the separate instructions. See the Note below Description of property Date acquired disposed of from column (d) and (sales price) and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., dav. vr.) (Mo., day, yr.) combine the result (see instructions) (g) Amount of in the separate Code(s) from with column (g) instructions adjustment instructions PASS THROUGH ENTITIES (K-1) 808 VAR VAR -808.

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

Form 8949 (2019)

-808

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) ▶

808

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)					
Name of transferor ANTI-DEFAMATION LEAGUE FOUNDATION		Identifying number (see instructions)			
		13-2887439			
 Is the transferee a specified 10%-owned foreign corporation the lift the transferor was a corporation, complete questions 2a thrown If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying numbers. 	ugh 2d. nsferor controlled (under sectio	on 368(c)) by	es X No		
Controlling shareholder		Identifying number			
c If the transferor was a member of an affiliated group filing corporation?			es No		
If not, list the name and employer identification number (EIN) of	the parent corporation.				
Name of parent corporation	EIN of parent corporation				
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. 			es		
Name of partnership	EIN of partnership				
 b Did the partner pick up its pro rata share of gain on the transfer c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership securities market? Part II Transferee Foreign Corporation Information (see in the partner pick up its provided in the par	o that is regularly traded on a	Y an established	es No		
	istructions)	5a Identifying numb	an if any		
4 Name of transferee (foreign corporation) NUT TREE OFFSHORE LTD.	Name of transferee (foreign corporation)		ei, ii aliy		
NUT TREE OFFSHORE LTD. 6 Address (including country) MAPLES CORPORATE SERVICES LIMITED UGLAN GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1104 7 Country code of country of incorporation or organization (see instructions)		N/A 5b Reference ID nun (see instructions) NUTTREE01	nber		
CJ	.55300.10/				
Foreign law characterization (see instructions)					
EXEMPT LIMITED PARTNERSHIP					
9 Is the transferee foreign corporation a controlled foreign corpor	ation?	Y	es X No		
For Paperwork Reduction Act Notice, see separate instructions.			926 (Rev. 11-20		

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Form 926 (Rev. 11-20	· · · · · · · · · · · · · · · · · · ·		, , ,			Page Z
		ng Transfer of Property	(see instruc	tions)		
Type of property	(a) Date of transfer	(b) Description of property	Fair mar	(c) ket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019	property	data	3,000,000.	54515	transisi
If "Yes," sk	kip the remainder o	ransferred?				X Yes No
Type of property	(a) Date of transfer	(b) Description of property	Fair mar	(c)	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities	transier	property	uate t	JI transier	Dasis	Hallstei
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
Totals						
foreign cor If "Yes," go b Was the tr (including If "Yes," co c Immediate transferee If "Yes," co d Enter the t	rporation?	branch (including a branch comporation that transferoreign disregarded entity) of the state of t	erred substant to a specified d 12d, and go corporation a d go to line 13.	ially all of the as 10%-owned for to line 13. U.S. sharehold to the control of t	ssets of a foreign beeign corporation? der with respect to	Yes No ranch to the Yes No
Section C - Inta	ngible Property	Subject to Section 367	'(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totala						
Totals						Form 926 (Pay 11 2018

Page 3 Form 926 (Rev. 11-2018) 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life Yes No **b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No Did the transferor choose to apply the 20-year inclusion period provided under Regulations section Yes No d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any 15 time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?.......... Yes Supplemental Part III Information Required To Be Reported (see instructions) Additional Information Regarding Transfer of Property (see instructions) Part IV 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer. _____ % **(b)** After <u>0.26</u>63 Type of nonrecognition transaction (see instructions) \blacktriangleright _IRC SECTION 351 17 Indicate whether any transfer reported in Part III is subject to any of the following. 18 Χ Yes No Χ Yes Nο Χ Yes No Χ No Yes Χ No 19 Yes Χ 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. Yes Nο If "Yes," complete lines 20b and 20c. b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _ c Did the domestic corporation not recognize gain or loss on the distribution of property because the X No Yes property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? . . . Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation 21 X

Form **926** (Rev. 11-2018)

STATEMENT PURSUANT TO SECTION 1.351-3(a) BY ANTI-DEFAMATION LEAGUE FOUNDATION,

EIN: 13-2887439

A SIGNIFICANT TRANSFEROR

Statement Filed Pursuant to Treas. Reg. 1.351-3(a)

- (1) The transferee corporation is Nut Tree Offshore Ltd., a foreign exempt limited corporation organized under the laws of the Cayman Islands.
- (2) Anti-Defamation League Foundation transferred the Cashidentified in (3) below on various dates during the tax year ended December 31, 2019.
- (3) The transferred property had an aggregate fair market value of \$3,000,000, and an aggregate basis of \$3,000,000 immediately before the exchange.

Property Transferred	Fair Market Value	Aggregate Basis
Cash	\$3,000,000	\$3,000,000
Total	\$3,000,000	\$3,000,000

(4) No private letter rulings were issued in connection with the section 351 exchange.