	46.			EXTENDED	TO M	AY 1	5, 20	20	(-2	210110;
Form	990-T	E	Exempt Org	ganizatio	n Bus	sine	ss Ind	come T	ax Re	turn		OMB No 1545-0687
			-	(and proxy	tax und	er se	ction 60)33(e))		19120	7	0040
*	6 -	For ca	lendar year 2018 or other t	ax year beginning \underline{J}	UL 1,	20	18 , an	nd ending JU	<u>и 30,</u>	<u> 2019</u>		2018
Depart	tment of the Treasury			www.irs gov/Form							Or	oen to Public Inspection for
	al Revenue Service	<u> </u>	Do not enter SSN nu						ation is a 50			pen to Public Inspection for 1(c)(3) Organizations Only or identification number
AL	Check box if - address changed		Name of organizatio	n (L Check bo	ox if name c	hanged	and see in	structions)		[]	(Employ instructi	ees' trust, see
		l		BY DANGE	DOIDE	n a ma		T.N.T.C.				-2584273
	kempt under section	Print	ALVIN AIL					INC.		F		d business activity code
<u>A</u> _	501(c(4/3) 408(e) 220(e)	Туре	Number, street, and 405 WEST			x, see ir	ISTRUCTIONS			-(See inst	tructions)
 	408(e) 220(e) 408A 530(a)		City or town, state o			r foreig	n nostal co	do				
늗	529(a)		NEW YORK,			lilololg	ii postai co	uc		5	259	90
C Boo	ok value of all assets		F Group exemption			>			_		٠,	
ate	and of vear	55.	G Check organizatio		501(c) cor	poration		501(c) trust] 401(a) tru	ıst	Other trust
H Ent	ter the number of the				>	2		Describe	the only (or	first) unrel	ated	
trac	de or business here 🕽	UB	I FROM PAR	TNERSHIP	INVE	STME	INTS	If only one,	, complete P	arts I-V. If r	nore th	nan one,
des	scribe the first in the b	lank spa	ice at the end of the p	revious sentence, d	complete Pa	arts I an	d II, compl	ete a Schedule	M for each	additional t	rade o	r
	siness, then complete										,	
	ring the tax year, was					nt-subsi	diary contr	olled group?] Yes	X No
	Yes," enter the name a				<u> </u>		_	Talanh		. > 21	2 4	05-9000
J The Par	e books are in care of		de or Business				/A\	Income	one number	xpenses	<u> </u>	(C) Net /
			de Oi Dusilless		-	Г	(^)	IIICOIIIC	(6)	-xpenses	+	(0) 1101
	Gross receipts or sale Less returns and allov			c Balance		1c						
_	Cost of goods sold (S		Δ line 7\	C Dalatice		2			 		\dashv	
	Gross profit. Subtract		•	$T \subset$	M)	3						
	Capital gain net incon			بر پ		4a	14	9,032.			/	149,032.
	Net gain (loss) (Form	•	· ·	Form 4797)		4b						
	Capital loss deduction			,		4c						<u> </u>
5	Income (loss) from a	partners	ship or an S corporati	on (attach stateme	nt)	5		7,497.	S7	rmt 1		-37,4 <u>9</u> 7.
6	Rent income (Schedu	le C)				6						
7	Unrelated debt-finance	ed incor	me (Schedule E)			7		_/_			_	
	Interest, annuities, roy										+	
	Investment income of			17) organization (S	Schedule G)						-	
	Exploited exempt acti	•				10			<u> </u>		\dashv	
	Advertising income (S		•	STATEMEN	יייי יייי	12	-	0.	 		\rightarrow	0.
. –	Other income (See in: Total. Combine lines		•	SIMILME	''	13	11	_		_	_	111,535.
	rt II Deductio	ns No	ot Taken Elsew	here (See inst-	ructions fo				L			
تتا			utions, deductions			d with t	he unrela	ted-business	income)			
14	Compensation of off	icers. di	rectors, and trustees	(Schedule K)		R	ECE	AFD_			14	-
15	Salaries and wages	,			I				IRS-OSC		15	
16	Repairs and mainter	ance			/∞	A = A	1AY 2	2020	<u> </u>		16	
17	Bad debts				348	31 "	IIAI -		民		17	
18	Interest (attach sche	dule) (s	ee instructions)		- 1		ODE		1	<u> </u>	18	
19	Taxes and licenses				1	C)GUE	N, UT			19	250.
20			e instructions for limit	ation rules)	L			1 1		<u> </u>	20	
21	Depreciation (attach							21				
22	•	aimed of	n Schedule A and else	where on return				22a			2b	· -
23	Depletion	<i>_</i>									23	
24	Contributions to def		imperisation plans								24 25	
25 26	Employee benefit pro	-	chadula I\								25 26	
26 27	Excess exempt expe		· · · · · · · · · · · · · · · · · · ·								27	
28	Other deductions (at										28	
29	Total deductions. A		•								29	250.
30/	/		ncome before net ope	rating loss deducti	on Subtrac	t line 29	from line	13		<i>F</i> —	30	111,285.
31			loss arising in tax yea							_	31	
(32			ncome. Subtract line				·	·		\B\ [32	111,285.
	1 01-09-19 LHA F				tions						,	Form 990-T (2018)

Form 990-T (3	<u> 13-258</u>	4273	Page 2
Part If	Total Unrelated Business Taxable Income			
33//	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	111,285.
U	Amounts paid for disallowed fringes	•	34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		TT T	
	·	- 1	26	111,285.
	ines 33 and 34	0 \$	36	1,000.
•	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	~ D Q	3/ -	1,000.
, ,	Inrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	N SIA		440 005
	nter the smaller of zero or line 36	11 76	38	110,285.
Part IX	Tax Computation	· · · · ·	•	
39 (Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	\ % 0►	39	23,160.
	rusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	().0		
. [Tax rate schedule or Schedule D (Form 1041)	•		
41	Proxy tax See instructions		4	
			42	
	Alternative minimum tax (trusts only)			
	ax on Noncompliant Facility Income See instructions	AIL C	43	22 160
	otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	1 98	9 44	23,160.
Part V	Tax and Payments		T . T .	
458	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		1 1	
ь (Other credits (see instructions)		J I	
c (Seneral business credit Attach Form 3800 45c			
d (Credit for prior year minimum tax (attach Form 8801 or 8827)		1	
	otal credits. Add lines 45a through 45d		45e	
-	Subtract line 45e from line 44		46	23,160.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	Molubodos doette	47	
	Table Laxes. Check in Holl Form 4233 Form 6011 Form 6037 Form 6000 Guiler (attach schedule	48	23,160.
		9 11		
	1018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	0 005	49	2.
. 50 a l	Payments: A 2017 overpayment credited to 2018	9,885.	.''	
b 3	**************************************	<u>18,443.</u>	1 1	
c ·	ax deposited with Form 8868 50c 50c	<u>19,000.</u>]	
d i	oreign organizations: Tax paid or withheld at source (see instructions) 50d			
e l	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941)		1	
	Other credits, adjustments, and payments: Form 2439		1	
9 ' [Form 4136 X Other * 2. Total 50g	2.		
		3	3 1	47,330.
		(h 👀	$\overline{}$	103.
	stimated tax penalty (see instructions) Check if Form 2220 is attached	40 3D	52	TÚ2•
•	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	N -6	53	04.065
T .		0 35 >	54	24,065.
- 1258 -1		unded 🕨	55	0.
Part V	Statements Regarding Certain Activities and Other Information (see instruc	tions)		
56	at any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	/		Yes No_
	iver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			T
ı	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1
	ere >			X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	pion truet?		x
		bigii ti ust-		 -
	"Yes," see instructions for other forms the organization may have to file.			
58	inter the amount of tax-exempt interest received or accrued during the tax year	host of multipoints	dan and halt-	Litus trus
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I correct, and pomplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		uge and Delle1	, n is uue,
-		м	ay the IRS dis	cuss this return with
Here	TREASURER & CFO	`	•	own below (see
	Signature of officer Date Title	ın	structions)?	X Yes No
	Print/Type preparer's name Preparer's signatur Date	Check	f PTIN	
Deid		self- employed		
Paid	1 VANUE TOURISON / 19/ / - 5/13/2020		P00	757336
Prepar	- DOW HOLLD	Firm's EIN ▶		0714325
Use O	4 TIMES SQUARE	, n 3 L // V		
	Firm's address ► NEW YORK, NY 10036	Phone no 2	12-27	2-1000
		i none no . Z		
823711 01-0	J-19		F	orm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation	N/A			 -	
1 Inventory at beginning of year	1		6 Inventory at er	d of year		6		
2 Purchases	2		7 Cost of goods	sold. Subt	ract line 6			
3 Cost of labor	3		from line 5 En			1	[
4a Additional section 263A costs			line 2			7		
(attach schedule)	48		8 Do the rules of	section 26	3A (with respect to		Yes	No
 Other costs (attach schedule) 	4b		property produ	ced or acq	uired for resale) apply to		<u></u> -	.
5 Total Add lines 1 through 4b	5		the organizatio					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Prop	erty Lea	ased With Real Pro	operty	y)	
Description of property								
(1)								
(2)			-				· · · · · · · · · · · · · · · · · · ·	
(3)				_				
(4)	-							
	2. Rent receiv	ed or accrued	-	_				
(a) From personal property (if the per rent for personal property is mor- 10% but not more than 50%	e than	of rent for pe	d personal property (if the ersonal property exceeds 5 is based on profit or incor	0% or⊪f	3(a) Deductions dire columns 2(ectly conn a) and 2(b	ected with the income in) (attach schedule)	1
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		().			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	· · · · · ·	ter		((b) Total deductions Enter here and on page Part I, line 6, column (B)			0.
Schedule E - Unrelated Del	ot-Financed	Income (see I	nstructions)					
			2 Gross income fro		3. Deductions directly to debt-fir			
1 Description of debt-fi	nanced property		or allocable to deb financed property		(8) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)						$\neg +$		
(2)								
(3)							-	
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6. Column 4 divide by column 5	d	7 Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)		\		%				
					Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals						0.		0.
Total dividends-received deductions	ncluded in column	1 8		·				0.

0.

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

Form 990-T (2018) ALVIN AILEY DANCE FOUNDATION, INC. 13-25842 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)	Ì					I	
Totals from Part I		0.	0.		<u> </u>		0
		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
Totals, Part II (lines 1-5)	>	0.	0.				0

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

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

	NEW THOME
DESCRIPTION	NET INCOME OR (LOSS)
LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME	18,574
LANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE	10,5,1
INCOME	-326
LANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME	
(LOSS)	10
LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME	900
LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME	2,057
LANDMARK EQUITY PARTNERS XV, LP - ROYALTIES	90
LANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME	
(LOSS)	-124
LANDMARK EQUITY PARTNERS XV, LP - GUARANTEED PAYMENTS	493
LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS)	-22,552
LANDMARK EQUITY PARTNERS XVI, LP - ORDINARY BUSINESS	
INCOME (LOSS)	7,557
LANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME	4,125
LANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME	21,258
LANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES	9
LANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME	
(LOSS)	99
LANDMARK EQUITY PARTNERS XVI, LP - GUARANTEED PAYMENTS	1
LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS)	-69,668
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-37,497
FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
NET SECTION 965 INCLUSION	11
TOTAL TO FORM 990-T, PAGE 1, LINE 12	11
OTAL TO FORM 990-T, PAGE 1, LINE 12	
FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 3

FORM 990-T	OTHER	CREDITS	AND	PAYMENTS	S	STATEMENT	<u> </u>
DESCRIPTION						AMOUNT	
SECTION 965 TAX LIABILE	ΥΥ						2.
TOTAL INCLUDED ON FORM	990-T, I	PAGE 2, 1	PART	V, LINE	50G		2.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

30, 2019 **201**8

Employer identification number

ZU 18

OMB No 1545-0687

ENTITY

1

Department of the Treasury Internal Revenue Service (99)

Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

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 Only

	ALVIN AILEY DANCE FOUND	ATI	ON, INC.	13-2584	1273
ι	Inrelated business activity code (see instructions) > 53112	0			
	Describe the unrelated trade or business DEBT-FINA	NCE	D RENTAL INCO	ME	
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c		=	
5	Income (loss) from a partnership or an S corporation (attach	ĺ	[
	statement)	5			
6	Rent income (Schedule C)	6	50.055		
7	Unrelated debt-financed income (Schedule E)	7	70,865.	96,756	-25,891.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8		-	
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	70 065	96,756	-25,891.
<u>13</u>	Total. Combine lines 3 through 12	13	70,865.	90,730	-25,691.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understanding the second deductions and the second deductions are second deductions.)			e.) 	
14	Compensation of officers, directors, and trustees (Schedule K)				4
15	Salaries and wages			<u> </u>	5
16	Repairs and maintenance				6
17	Bad debts			 -	8
18 19	Interest (attach schedule) (see instructions)				9
20	Taxes and licenses Charitable contributions (See instructions for limitation rules)				0
20 21	Depreciation (attach Form 4562)		21	-	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		 2b
22 23	Depletion		ZZaj		3
24	Contributions to deferred compensation plans				4
25	Employee benefit programs				5
26	Excess exempt expenses (Schedule I)				6
 27	Excess readership costs (Schedule J)				7
28	Other deductions (attach schedule)				8

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

-25,891.

30

31

30

ALVIN AIL	EY DANCE	FOUNDAT	ON. INC.		13-2584	273
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold S	ubtract line 6	Γ	
3 Cost of labor	3		from line 5 Enter here	and in Part I,	_	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (with respe	ct to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?	·		
Schedule C - Rent Income (From Real	Property and	Personal Property L	eased With	Real Prope	rty)
(see instructions)						
. Description of property						
(1)						
(2)	-					
(3)						
(4)						
	2 Rent receiv	ed or accrued				
(a) From personal property (if the perdorent for personal property is more 10% but not more than 50%)	centage of than	of rent for per	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ge 3(a) D		onnected with the income in 2(b) (attach schedule)
(1)		-		-	_	
(2)						<u>-</u>
(3)						<u></u>
(4)			-			<u> </u>
Total		Total				
c) Total income. Add totals of columns nere and on page 1, Part I, line 6, column		ter		Enter here	deductions. and on page 1, 5, column (B)	•
Schedule E - Unrelated Deb		Income (see in	nstructions)		 	
			2 Gross income from	3 Deduc	tions directly connecto debt-financed	cted with or allocable I property
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
				STATE	MENT 6	STATEMENT 7
(1) 405 W. 55TH STRE	ET, NYC,	NY				
(2) 10019			170,226.		29,119.	203,299.
(3)			· · · · · · · · · · · · · · · · · · ·			
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 8	of or a	adjusted basis allocable to nced property Schedule MENT 9	6. Column 4 divided by column 5	7 Gross reportable 2 x colu	(column	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	SIAIE	111141 7	%	 		.
(2) 23,128,750.	55	,559,055.	41.63%		70,865.	96,756.
(3)		, , , , , , , , , , , , , , , , , , , ,	<u> </u>		,	20,7000
(4)			%			
STATEMENT 4	STATE	MENT 5		Enter here and Part I, line 7,		Enter here and on page 1, Part I, line 7, column (B)
			_		70 065	06 756

Total dividends-received deductions included in column 8

FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 4
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
405 W. 55TH STREET, NYC, NY 10019	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR AVERAGE AQUISITION DEBT		23,555,000 23,090,000 23,090,000 23,090,000 23,090,000 23,090,000 23,090,000 23,090,000 23,090,000 23,090,000 23,090,000 23,090,000 23,128,750
FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED : AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 5
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
<u> </u>	3=======	AMOUNT
DESCRIPTION OF DEBT-FINANCED PROPERTY 405 W. 55TH STREET, NYC, NY 10019 AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	NUMBER	AMOUNT 56,540,394 54,577,715

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T (M) SCHEDULE E - DEPRECIATI	ON DEDUCTION	N	STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION ALLOCATION - SUBTOTAL -	- 1	29,119.	29,119
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		29,119
FORM 990-T (M) SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES TAXES & LICENSES INSURANCE EMPLOYEE BENEFIT PLANS SUPPLIES BUILDING ALLOCATION SWAP/INTEREST EXPENSE ALLOCATION - SUBTOTAL -	- 1	111,735. 8,301. 1,506. 18,397. 7,923. 43,617. 11,820.	203,299
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		203,299
FORM 990-T (M) AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN		RTY	STATEMENT 8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
		_	
AVERAGE ACQUISITION DEBT - SUBTOTAL -	1	23,128,750.	23,128,750

FORM 990-T (M) AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI		STATEMENT 9	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS - SUBTOTAL -	1	55,559,055.	55,559,055.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		55,559,055.

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

Name

Employer identification number

ALVIN AILEY DANCE FOUNDATION, INC.				13-2584273			
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			-		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	9,	(h) Gain or (toss) Subtract column (e) from column (d) and combine the result with column (g)		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, 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							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked			<u> </u>				
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked			<u></u>		4,474.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4			
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach comput	ation)			6	()		
7 Net short-term capital gain or (loss). Combin				7	4,474.		
Part II Long-Term Capital Gai	ns and Losses (See	nstructions)					
See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to gain	n	(h) Gain or (loss) Subtract		
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine 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 8b.							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on					4.4.400		
Form(s) 8949 with Box F checked	<u> </u>				141,439.		
11 Enter gain from Form 4797, line 7 or 9				11	3,119.		
12 Long-term capital gain from installment sales	•	7		12			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13			
14 Capital gain distributions				14			
15 Net long-term capital gain or (loss) Combin		n h		15	144,558.		
Part III Summary of Parts I and				16	4 454		
16 Enter excess of net short-term capital gain (In	4,474.						
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18					144,558.		
18 Add lines 16 and 17 Enter here and on Form	149,032.						

Note: If losses exceed gains, see Capital losses in the instructions

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Form 8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ 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
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Attachment 12A

Name(s) shown on return

Social security number or taxpayer identification no.

13-2584273

VDATA VIDE	I DWINCE LOOM	DATION, .	TIAC •			13-4	つひぎゃくう
Before you check Box A, B, statement will have the same broker and may even tell you	or C below, see whether e information as Form 10	you received an	y Form(s) 1099-B	or substitute statem ir basis (usually you	ent(s) from r cost) was	n your broker A su s reported to the IF	bstitute 3S by your
	Transactions involving capi	tal assets you held	1 year or less are ge	nerally short-term (see	instruction	s) For long term	
Note: You may ago	age 2 gregate all short-term transa Enter the totals directly on						
You must check Box A, B, or C	below. Check only one b	OX. If more than one t	oox applies for your sho	t-term transactions, comp	lete a separa	te Form 8949, page 1, for	
If you have more short-term transaction	ons than will fit on this page for or ctions reported on Form(-		
= · ·	ctions reported on Form(•	•	•	Note ab	ove,	
	ctions not reported to vo	•	-	oported to the mo			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of proper		Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ	Co) (Mo, day, yr)	disposed of	(sales price)	basis See the Note below and		See instructions.	Subtract column (e) from column (d) &
		(Mo, day, yr)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
NET SHORT-TERM							
CAPITAL GAIN F	ROM						
SCH. K-1 (FORM							
1065)							4,461.
NET SHORT-TERM				ļ			
CAPITAL GAIN				ļ			
(LOSS) FROM FO	RM						
6781, PART I	-						13.
		 					
		 					
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2 Totals. Add the amounts	=	·					
negative amounts) Enter							
Schedule D, line 1b (if Bo	ox A above is checked),	line 2 (if Box B					

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

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

						taxpayer ide	ntification no.
ALVIN AILEY DA	NCE FOUN	DATION.]	INC.			13-2	584273
Before you check Box D, E, or F bell statement will have the same inform broker and may even tell you which	ow, see whether ation as Form 10			or substitute statem ur basis (usually you	ent(s) from r cost) was		
Part II Long-Term. Transaction See page 1	ons involving capita	•	·			•	
Note: You may aggregate at codes are required. Enter the							
You must check Box D, E, or F below of fyou have more long-term transactions than will	Check only one bo	If more than one be or more of the boxes.	ox applies for your long	term transactions, compl ns with the same box che	ete a separate f	orm 8949, page 2, for	each applicable box
(D) Long-term transactions re							
(E) Long-term transactions rep	ported on Form(s) 1099-B showing	g basis wasn't re	eported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-B				<u>_</u> _	
1 (a)	(b)	(c)	(d)	(e)	Adjustment loss. If you	(h)	
Description of property	Date acquired (Mo , day, yr)	Date sold or disposed of (Mo , day, yr)	Proceeds (sales price)	Cost or other basis See the Note below and see <i>Column (e)</i> In the instructions	ın column (g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)					column (f). See instructions.		from column (d) &
					(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
NET LONG-TERM							
CAPITAL GAIN FROM							
SCH. K-1 (FORM							
1065)	<u></u>			 			141,420.
NET LONG-TERM							·-
CAPITAL GAIN					 		
(LOSS) FROM FORM							10
6781, PART I	 		· · · · · · · · · · · · · · · · · · ·				19.
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2 Totals. Add the amounts in colur	mns (d) (e) (d) 3:	nd (h) (subtract		 			
negative amounts) Enter each to		,					
Schedule D, line 8b (if Box D abo		· · · · · · · · · · · · · · · · · · ·		1			
above is checked) or line 10 (if F	• •	, I					141.439.

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