

Part III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and.		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order). (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34 SEE STATEMENT 5	35c	8,966.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from. <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income See instructions	39	
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	8,966.

Part IV Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	8,966.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax Add lines 42 and 43	44	8,966.
45a	Payments A 2016 overpayment credited to 2017	45a	6,280.
b	2017 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	30,000.
d	Foreign organizations' Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	36,280.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	62.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	27,252.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax 9,885. Refunded	50	17,367.

Part V Statements Regarding Certain Activities and Other Information (see instructions)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LYNNE JOHNSON	<i>[Signature]</i>	5/11/2021
	Firm's name	RSM US LLP	
	Firm's address	4 TIMES SQUARE NEW YORK, NY 10036	
	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
		P00757336	
	Firm's EIN	42-0714325	
	Phone no.	212-372-1000	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 5 column (B)
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 6	(b) Other deductions (attach schedule) STATEMENT 7	
(1) BUILDING AT 405 W. 55TH STREET,	0.			
(2) NYC, NY 10019	304,943.	50,241.	393,731.	
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 8	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 9	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2) 25,938,568.	55,933,721.	46.37%	141,402.	205,870.
(3)		%		
(4)		%		
Totals			141,402.	205,870.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

Totals		Enter here and on page 1, Part I line 9, column (A)	Enter here and on page 1, Part I line 9, column (B)
		0.	0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

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)						
(2)						
(3)						
(4)						

Totals		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
		0.	0.	0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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)						

Totals (carry to Part II, line (5))			0.	0.	0.
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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)						
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) 0.	Enter here and on page 1, Part I line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

DEBT-FINANCED RENTAL INCOME;
UBI FROM PARTNERSHIP INVESTMENT

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 3
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DESCRIPTION	AMOUNT
ORDINARY INCOME FROM SCHEDULE K-1	22,000.
NET RENTAL REAL ESTATE INCOME (LOSS) FROM SCHEDULE K-1	-4,060.
OTHER NET RENTAL INCOME (LOSS) FROM SCHEDULE K-1	-310.
GUARANTEED PAYMENTS FROM SCHEDULE K-1	158.
INTEREST INCOME FROM SCHEDULE K-1	5,225.
ORDINARY DIVIDENDS FROM SCHEDULE K-1	12,086.
ROYALTIES FROM SCHEDULE K-1	296.
OTHER PORTFOLIO INCOME FROM SCHEDULE K-1	537.
CANCELLATION OF DEBT FROM SCHEDULE K-1	1,174.
OTHER INCOME FROM SCHEDULE K-1	8,901.
SECTION 179 DEDUCTION FROM SCHEDULE K-1	-7.
INVESTMENT INTEREST EXPENSE FROM SCHEDULE K-1	-24,537.
OTHER DEDUCTIONS - ROYALTY FROM SCHEDULE K-1	-41.
SECTION 59(E)(2) EXPENDITURES FROM SCHEDULE K-1	-15,652.
DEDUCTIONS-PORTFOLIO (2%FLOOR)	-38,816.
OTHER DEDUCTIONS FROM SCHEDULE K-1	-3,114.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-36,160.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT 4
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	752.	0.	752.	752.
NOL CARRYOVER AVAILABLE THIS YEAR			752.	752.

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT 5
1.	TAXABLE INCOME	49,880
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	49,880
3.	LINE 1 LESS LINE 2	0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0
5.	LINE 3 LESS LINE 4	0
6.	INCOME SUBJECT TO 34% TAX RATE	0
7.	INCOME SUBJECT TO 35% TAX RATE	0
8.	15 PERCENT OF LINE 2	7,482
9.	25 PERCENT OF LINE 4	0
10.	34 PERCENT OF LINE 6	0
11.	35 PERCENT OF LINE 7	0
12.	ADDITIONAL 5% SURTAX	0
13.	ADDITIONAL 3% SURTAX	0
14.	TOTAL INCOME TAX	<u>7,482</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>10,475</u>
	DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184	3,772
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	5,194
18.	TOTAL TAX PRORATED	<u>8,966</u>

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT 6
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION ALLOCATION		50,241.	
- SUBTOTAL -	2		50,241.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			50,241.

FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS	STATEMENT 7
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES		208,181.	
TAXES & LICENSES		15,383.	
INSURANCE		2,953.	
EMPLOYEE BENEFIT PLANS		33,510.	
SUPPLIES		15,354.	
BUILDING ALLOCATION		84,008.	
SWAP/INTEREST EXPENSE ALLOCATION		34,342.	
- SUBTOTAL -	2		393,731.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			393,731.

FORM 990-T	AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	STATEMENT 8
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<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ACQUISITION DEBT		25,938,568.	
- SUBTOTAL -	2		25,938,568.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			<u>25,938,568.</u>

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		55,933,721.	
- SUBTOTAL -	2		55,933,721.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			55,933,721.

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.

2017

Name

Employer identification number

ALVIN AILEY DANCE FOUNDATION, INC.

13-2584273

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 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 to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine 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				
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				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				3,058.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	3,058.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
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 to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract 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 Form(s) 8949 with Box F checked				137,927.
11 Enter gain from Form 4797, line 7 or 9			11	11,536.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	149,463.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	3,058.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			17	149,463.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV Note. If losses exceed gains, see Capital losses in the instructions.			18	152,521.

Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV **only** if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

19	Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20	Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	20	
21	Enter the smallest of: (a) the amount on line 19, (b) the amount on line 20; or (c) the amount on Part III, line 17	21	
22	Multiply line 21 by 23.8% (0.238)	22	
23	Subtract line 17 from line 20. If zero or less, enter -0-	23	
24	Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	24	
25	Add lines 21 and 23	25	
26	Subtract line 25 from line 20. If zero or less, enter -0-	26	
27	Multiply line 26 by 35% (0.35)	27	
28	Add lines 22, 24, and 27	28	
29	Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	29	
30	Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	30	

Schedule D (Form 1120) 2017

