

Form 990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

2016

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.A For the 2016 calendar year, or tax year beginning **SEP 1, 2016** and ending **AUG 31, 2017**

B Check if applicable:	C Name of organization NATIONAL DANCE INSTITUTE NM, INC. Doing business as		D Employer identification number 85-0431846
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/ Year-in- Arrears <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Number and street (or P.O. box if mail is not delivered to street address) 1140 ALTO STREET	Room/unit No.	E Telephone number 505-983-7646
	City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87501		F Gross receipts \$ 9,858,367.
	F Name and address of principal officer: RUSSELL BAKER SAME AS C ABOVE		G If this is a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) ► (Insert no.) <input type="checkbox"/> 4917(a)(1) or <input type="checkbox"/> 527	J Website: ► HTTP : //WWW.NDI-NM.ORG/	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
		L Year of formation: 1995	H(c) Group exemption number ►

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HELP CHILDREN DEVELOP DISCIPLINE, A STANDARD OF EXCELLENCE, AND A BELIEF IN THEMSELVES
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 28
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 146
	6 Total number of volunteers (estimate if necessary) 6 800
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 34,084.
Revenue	b Net unrelated business taxable income from Form 990-T, line 34 7b 9,768.
	Prior Year 2,434,427. Current Year 3,538,047.
	8 Contributions and grants (Part VIII, line 1b) 1,765,035. 1,813,455.
	9 Program service revenue (Part VIII, line 2g) 972,698. 830,163.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -5,341. -6,548.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,166,819. 6,175,117.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 446,550. 447,817.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 3,708,610. 3,900,918.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 760,963. 760,963.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 1,705,951. 1,812,261.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,861,111. 6,160,996.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 26) -694,292. 14,121.
	19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 36,700,557. End of Year 38,621,691.
Net Assets or Fund Balances	20 Total assets (Part X, line 1b) 406,095. 414,388.
	21 Total liabilities (Part X, line 2b) 36,294,462. 38,207,303.
	22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Russell Baker</i>	Date <i>4/30/18</i>
	RUSSELL BAKER, EXECUTIVE DIRECTOR Type or print name and title <i>Russell Baker</i>	
Paid Preparer	Print/type preparer's name PAMELA ALEXANDERSON	Preparer's signature <i>PAMELA ALEXANDERSON</i>
	Date 04/26/18	Check if self-employed <input type="checkbox"/>
Use Only	Firm's name ► MOSS ADAMS LLP	Firm's EIN ► 91-0189318
	Firm's address ► 6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110	Phone no. 505-878-7200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III: Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III X

- 1 Briefly describe the organization's mission:

NATIONAL DANCE INSTITUTE OF NEW MEXICO IS FOUNDED WITH THE KNOWLEDGE THAT THE ARTS HAVE A UNIQUE POWER TO ENGAGE AND MOTIVATE CHILDREN. THE PURPOSE OF OUR DISTINCTIVE PROGRAMS IS TO HELP CHILDREN DEVELOP DISCIPLINE, A STANDARD OF EXCELLENCE, AND A BELIEF IN THEMSELVES THAT

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
-
- Yes
-
- X No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-
- Yes
-
- X No
-
- If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) Expenses \$ 1,783,126. including grants of \$) Revenue \$ 582,669.)
IN SCHOOL PROGRAM - SERVING 3,539 INDIVIDUALS - NDI-NM PARTNERS WITH PUBLIC SCHOOLS TO PROVIDE ENERGETIC, ENGAGING DANCE CLASSES TO STUDENTS DURING THE REGULAR SCHOOL DAY. PROGRAMS ARE EITHER 15 OR 30 WEEKS LONG. A CERTIFIED INSTRUCTOR AND PROFESSIONAL PIANIST TEACH EACH CLASS. AT THE END OF THE PROGRAM, STUDENTS CELEBRATE THEIR SUCCESSES THROUGH HIGH-QUALITY THEATRICAL PERFORMANCES OR ASSEMBLIES. PROGRAMS ARE FREE OF CHARGE TO STUDENTS AND SCHOOLS PAY LESS THAN 10% OF THE COST. OFFERED TO 48 SCHOOLS IN SANTA FE, NORTHERN NEW MEXICO AND ALBUQUERQUE, THIS PROGRAM BUILDS CHARACTER IN STUDENTS, TEACHING THEM TO WORK HARD, DO THEIR BEST, NOT GIVE UP AND BE HEALTHY. EVALUATIONS CONFIRM IMPROVEMENT IN STUDENT HEALTH, SCHOOL ATTENDANCE AND RETENTION.

4b (Code:) Expenses \$ 485,973. including grants of \$) Revenue \$ 187,642.)
RESIDENCY - SERVING 3,452 INDIVIDUALS. PROGRAM IMPLEMENTED IN ONE TO THREE WEEK SESSIONS IN 50 SCHOOLS IN RURAL COMMUNITIES, NATIVE AMERICAN PUEBLOS AND RESERVATIONS. NDI-NM PARTNERS WITH PUBLIC SCHOOLS TO PROVIDE ENERGETIC, ENGAGING DANCE CLASSES TO STUDENTS DURING THE REGULAR SCHOOL DAY. A CERTIFIED INSTRUCTOR AND PROFESSIONAL PIANIST TEACH EACH CLASS. AT THE END OF THE PROGRAM, STUDENTS CELEBRATE THEIR SUCCESSES THROUGH HIGH-QUALITY THEATRICAL PERFORMANCES OR ASSEMBLIES. ALL PROGRAMS ARE FREE OF CHARGE TO STUDENTS. SCHOOLS PAY A SMALL FEE. SEVEN RESIDENCY PROGRAMS INCLUDE AN ADVANCED TRAINING COMPONENT FOR STUDENTS WISHING TO ADVANCE THEIR SKILLS AND EXPERIENCE.

4c (Code:) Expenses \$ 2,272,820. including grants of \$ 375,600.) Revenue \$ 775,681.)
ADVANCED TRAINING PROGRAMS - SERVING 2,118 INDIVIDUALS. THESE PROGRAMS INCLUDE AFTER SCHOOL PROGRAMS IN WHICH CHILDREN ARE OFFERED THE CHANCE TO ATTEND TECHNIQUE DANCE, THEATER, AND VOICE CLASSES REGARDLESS OF THEIR ABILITY TO PAY. CLASSES ARE OFFERED IN BALLET, TAP, JAZZ, MODERN DANCE, HIP-HOP, VOICE AND ACTING. THEY ARE OPEN TO ALL CHILDREN IN THE COMMUNITY AND ARE OFFERED ON A SLIDING-SCALE TUITION BASIS. IN ADDITION, AN EXTENSION TO THE IN-SCHOOL CLASSES IS OFFERED FOR STUDENTS WHO WISH TO GAIN ADDITIONAL DANCE SKILLS BOTH AFTER SCHOOL AND ON WEEKENDS. THIS SUPPLEMENTARY PROGRAM IS OFFERED FREE OF CHARGE. PROFESSIONAL EVALUATIONS SHOW THESE STUDENTS SCORE AN AVERAGE OF ONE LETTER GRADE HIGHER THAN THEIR PEERS ON MATH, READING AND SCIENCE EXAMS.

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ 352,633. including grants of \$ 72,217.) Revenue \$ 267,463.)

4e Total program service expenses ► 4,894,552.

Part IV Checklist of Required Schedules

	Yes	No				
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X					
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X					
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X					
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X					
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5 X					
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X					
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X					
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X					
9 Did the organization report an amount in Part X, line 2f, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X					
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X					
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable: <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11a X	11b X	11c X	11d X	11e X	11f X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X					
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X					
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X					
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X					
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X					
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X					
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X					
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11c? If "Yes," complete Schedule G, Part I	17 X					
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8h? If "Yes," complete Schedule G, Part II	18 X					
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X					

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$6,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part V	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part VI	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part VII	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations?	31	X
If "Yes," complete Schedule N, Part I		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X
Note: All Form 990 filers are required to complete Schedule O		

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	57	<input type="checkbox"/>
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gains (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	146	<input type="checkbox"/>
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>			<input checked="" type="checkbox"/>
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			<input type="checkbox"/>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>			<input type="checkbox"/>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<input type="checkbox"/>	<input type="checkbox"/>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			<input type="checkbox"/>
7 Organizations that may receive deductible contributions under section 170(c).			<input type="checkbox"/>
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<input type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	<input type="checkbox"/>	<input type="checkbox"/>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<input type="checkbox"/>	<input type="checkbox"/>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<input type="checkbox"/>	<input type="checkbox"/>
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	<input type="checkbox"/>	<input type="checkbox"/>
9 Sponsoring organizations maintaining donor advised funds.			<input type="checkbox"/>
a Did the sponsoring organization make any taxable distributions under section 4966?			<input type="checkbox"/>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			<input type="checkbox"/>
10 Section 501(c)(7) organizations. Enter:			<input type="checkbox"/>
a Initiation fees and capital contributions included on Part VIII, line 12	10a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<input type="checkbox"/>	<input type="checkbox"/>
11 Section 501(c)(12) organizations. Enter:			<input type="checkbox"/>
a Gross income from members or shareholders	11a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	<input type="checkbox"/>	<input type="checkbox"/>
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	t2a	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<input type="checkbox"/>	<input type="checkbox"/>
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			<input type="checkbox"/>
a Is the organization licensed to issue qualified health plans in more than one state?			<input type="checkbox"/>
b Note. See the instructions for additional information the organization must report on Schedule O.			<input type="checkbox"/>
c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	<input type="checkbox"/>	<input type="checkbox"/>
c Enter the amount of reserves on hand	13c	<input type="checkbox"/>	<input type="checkbox"/>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	28	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies

 (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ► **NM**
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ►
MARIA WOLFE, DIRECTOR OF BUSINESS & ADMINISTRATION - 505-983-7646
1140 ALTO STREET, SANTA FE, NM 87501

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Officer/Trustee	Officer	Key employee	Highest Compensated Employee			
(1) JOHN BERNDT CHAIRMAN	5.00	X	X				0.	0.	0.
(2) MARC GELIJER VICE CHAIRMAN	3.00	X	X				0.	0.	0.
(3) GERALD LANDGRAF TREASURRR	3.00	X	X				0.	0.	0.
(4) JULIA BOWDICH SECRETARY	2.00	X	X				0.	0.	0.
(5) CATHERINE OPPENHEIMER FOUNNING ARTISTIC DIRECTOR	1.00	X	X				0.	0.	0.
(6) JOHN BINGAMAN DIRECTOR	1.00	X					0.	0.	0.
(7) JOHN BURNHAM DIRECTOR	1.00	X					0.	0.	0.
(8) LOUISA CAMPBELL-TOLBER DIRECTOR	1.00	X					0.	0.	0.
(9) JACQUES D'AMBOISE DIRECTOR & CO-FOUNDER	0.25	X					0.	0.	0.
(10) CYNTHIA DELGADO DIRECTOR	1.00	X					0.	0.	0.
(11) VALERIE DIKER DIRECTOR & FOUNNING CHAIR	1.00	X					0.	0.	0.
(12) LINDA DIPAOLO LOVE DIRECTOR	1.00	X					0.	0.	0.
(13) DIANE DONIGER DIRECTOR	1.50	X					0.	0.	0.
(14) DIANE FISHER DIRECTOR	1.00	X					0.	0.	0.
(15) DAVID FOSTER DIRECTOR	2.00	X					0.	0.	0.
(16) JAMES E. GOODWIN DIRECTOR	1.00	X					0.	0.	0.
(17) KATHERINE JETTER DIRECTOR	1.00	X					0.	0.	0.

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Chair	Key employee	Highest- compensated employee			
(18) MAYO MILLER KING DIRECTOR	1.00	X					0.	0.	0.
(19) BETH NOISE DIRECTOR	1.50	X					0.	0.	0.
(20) BARBARA MOORE DIRECTOR	1.00	X					0.	0.	0.
(21) DAVID MORRIS DIRECTOR	1.00	X					0.	0.	0.
(22) LESLIE NATHANSON JURIS DIRECTOR	1.00	X					0.	0.	0.
(23) NELSON NAVARRO DIRECTOR	1.00	X					0.	0.	0.
(24) TOM NICKOLOFF DIRECTOR	1.00	X					0.	0.	0.
(25) LUCI TAPAHONSO DIRECTOR	1.00	X					0.	0.	0.
(26) CARRIE TERRELL DIRECTOR	1.00	X					0.	0.	0.
1b Sub-total						►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	390,363.	0.	20,736.
d Total (add lines 1b and 1c)						►	390,363.	0.	20,736.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3

- | | | |
|--|-----|----|
| | Yes | No |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-7/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input type="checkbox"/> Officer or director	<input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Director, trustee, officer, employee or manager	<input type="checkbox"/> Executive compensation			
(27) DAVID VOGEL DIRECTOR	1.00	X				0.	0.	0.
(28) MAY WILSON DIRECTOR	1.00	X				0.	0.	0.
(29) RUSSELL BAKER EXECUTIVE DIRECTOR	40.00		X			171,603.	0.	9,861.
(30) MARIA WOLFE DIRECTOR OF BUSINESS & ADMINISTRATIO	40.00		X			118,667.	0.	2,476.
(31) ELIZABETH SALCANEK ARTISTIC DIRECTOR	40.00		X			100,093.	0.	8,399.
Total to Part VII, Section A, line 1c						390,363.		20,736.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 71,559.			
	b Membership dues	1b			
	c Fundraising events	1c 696,040.			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,770,448.			
	g Noncash contributions included in lines 1a-1f: \$	297,150.			
	h Total. Add lines 1a-1f ►	3,538,047.			
Program Service Revenue		Business Code			
	2 a TUITION AND FEES	611600	1,068,155.	1,068,155.	
	b SERVICE CONTRACTS	611600	565,766.	565,766.	
	c SALES TICKETS/MERCHANDISE	711130	179,534.	179,534.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ►	1,813,455.			
	3 Investment income (including dividends, interest, and other similar amounts)		447,361.		447,361.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6 a Gross rents	59,837.			
	b Less: rental expenses	0.			
	c Rental income or (loss)	59,837.			
	d Net rental income or (loss)		59,837.		59,837.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	3,721,235.	98,194.		
	c Gain or (loss)	3,336,429.	100,198.		
	d Net gain or (loss)	384,806.	-2,004.		
			382,802.		382,802.
Other Revenue	8 a Gross income from fundraising events (not including \$ 696,040. of contributions reported on line 1c). See Part IV, line 18	a 69,413.			
	b Less: direct expenses	b 242,829.			
	c Net income or (loss) from fundraising events		173,416.		-173,416.
	9 a Gross income from gaming activities. See Part IV, line 19	a 47,311.			
	b Less: direct expenses	b 3,794.			
	c Net income or (loss) from gaming activities		43,517.		43,517.
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
	t1 a ADVERTISING REVENUE	711120	47,200.	32,000.	15,200.
	b STAFFING REVENUE	711120	7,356.	2,064.	5,272.
	c				
	d All other revenue	711120	8,958.		8,958.
	e Total. Add lines 11a-11d ►		63,514.		
	12 Total revenue. See instructions.		6,175,117.	1,813,455.	34,084.
					789,531.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	447,817.	447,817.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	411,725.	224,189.	97,780.	89,756.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4950(c)(3)(B)				
7 Other salaries and wages	2,912,543.	2,312,127.	200,355.	400,061.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,795.	61,290.	7,731.	14,774.
9 Other employee benefits	236,677.	179,765.	17,438.	39,474.
10 Payroll taxes	256,178.	189,570.	30,598.	36,010.
11 Fees for services (non-employees):				
a Management				
b Legal	5,627.		5,627.	
c Accounting	25,884.		25,884.	
d Lobbying	16,546.	16,546.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 2b, column (A) amount, list line 11g expenses on Sch O.)	185,244.	162,944.	7,117.	15,183.
12 Advertising and promotion	25,683.	21,087.	29.	4,567.
13 Office expenses	178,507.	108,950.	29,871.	39,686.
14 Information technology	119,278.	89,202.	6,986.	23,090.
15 Royalties	646.	646.		
16 Occupancy	295,548.	266,403.	12,951.	16,194.
17 Travel	188,924.	177,327.	5,376.	6,221.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,610.		1,990.	3,620.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	472,766.	437,944.	11,438.	23,384.
23 Insurance	51,128.	18,938.	28,546.	3,644.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 2b, column (A) amount, list line 24e expenses on Schedule O.)				
a UBIT	950.		950.	
b COSTUMES AND SHOES	62,146.	62,146.		
c EMPLOYEE EDUCATION	44,413.	19,844.	10,975.	13,594.
d MERCHANDISE EXPENSE	27,304.	27,304.		
e All other expenses	106,057.	70,513.	3,839.	31,705.
25 Total functional expenses. Add lines 1 through 24c	6,160,996.	4,894,552.	505,481.	760,963.
26 Joint costs. Complete this line only if the organization reported in column (A) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 99-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets				
1	Cash - non-interest-bearing	19,957.	1	28,587.
2	Savings and temporary cash investments	4,335,471.	2	1,103,688.
3	Pledges and grants receivable, net	114,921.	3	304,475.
4	Accounts receivable, net	20,273.	4	64,482.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,366.	9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	13,994,772.		
b	Less: accumulated depreciation	10b 3,983,673.	9,760,297.	10e 10,011,099.
11	Investments - publicly traded securities	22,366,850.	11	27,049,895.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	81,422.	15	59,465.
16	Total assets. Add lines 1 through 15 (must equal line 34)	36,700,557.	16	38,621,691.
Liabilities				
17	Accounts payable and accrued expenses	76,313.	17	106,354.
18	Grants payable		18	
19	Deferred revenue	329,782.	19	308,034.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	406,095.	26	414,388.
Net Assets or Fund Balances				
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	23,597,709.	27	25,543,311.
28	Temporarily restricted net assets	1,869,140.	28	1,826,199.
29	Permanently restricted net assets	10,827,613.	29	10,837,793.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	36,294,462.	33	38,207,303.
34	Total liabilities and net assets/fund balances	36,700,557.	34	38,621,691.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	6,175,117.
2 Total expenses (must equal Part IX, column (A), line 25)	2	6,160,996.
3 Revenue less expenses. Subtract line 2 from line 1	3	14,121.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,294,462.
5 Net unrealized gains (losses) on investments	5	1,898,720.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,207,303.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A [Form 990 or 990-EZ] and its instructions is at www.irs.gov/furn990.

OMB No. 1545-0017

2016

Open to Public
Inspection

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85-0431846

Part I: Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

I-4A For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 022021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1936141.	2327670.	2711287.	2434427.	3538047.	12947572.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1936141.	2327670.	2711287.	2434427.	3538047.	12947572.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1829896.
						11117676.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1936141.	2327670.	2711287.	2434427.	3538047.	12947572.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	636,917.	537,185.	608,423.	494,160.	507,198.	2783883.
9 Net Income from unrelated business activities, whether or not the business is regularly carried on	13,676.	42,686.	14,106.	14,031.	19,726.	104,225.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)				15,800.	20,472.	36,272.
11 Total support. Add lines 7 through 10						15871952.
12 Gross receipts from related activities, etc. (see instructions)					12	9,050,472.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	70.05	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	74.55	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 1a for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7b from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 8, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(D) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>
3c	<input type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input type="checkbox"/>
4b	<input type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input type="checkbox"/>
5a	<input type="checkbox"/>	<input type="checkbox"/>
5b	<input type="checkbox"/>	<input type="checkbox"/>
5c	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9a	<input type="checkbox"/>	<input type="checkbox"/>
9b	<input type="checkbox"/>	<input type="checkbox"/>
9c	<input type="checkbox"/>	<input type="checkbox"/>
10a	<input type="checkbox"/>	<input type="checkbox"/>
10b	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - A family member of a person described in (a) above?
 - A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

	Yes	No

- Activities Test. Answer (a) and (b) below.
 - Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
 - Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.5% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a From 2013			
b From 2014			
c From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

[Part VI]**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 8a, 8b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:ADVERTISING2015 AMOUNT: \$ 15,800.2016 AMOUNT: \$ 15,200.STAFFING2016 AMOUNT: \$ 5,272.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0947

2016

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85-0431846

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-PF that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of {1} \$5,000 or {2} 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-PF that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$6,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85-0431846

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 268,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 206,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 150,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85·0431846

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 99,880.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 80,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85-0431846**Part II: Noncash Property** (See Instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	1,275 SHARES CANTELL MEDICAL (CMD)	\$ 101,176.	01/06/17
8	3,988,831 SHARES THORNBURG INTERNATIONAL VALUE (TCWIX)	\$ 99,880.	04/12/17
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85-0431846**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entirely. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (if n/r this info, enter) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Political Campaign and Lobbying Activities

OMB No. SS45-0017

2016

**Open to Public
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
- Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part II-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part II-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

NATIONAL DANCE INSTITUTE NM, INC.

85-0431846

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ► \$ _____

3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 1120 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2016

LIA

632042 11-10-18

Part II-A: Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ► if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	16,546.													
c	Total lobbying expenditures (add lines 1a and 1b)	16,546.													
d	Other exempt purpose expenditures	6,144,450.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,160,996.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	458,050.													
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1c.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1c.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1c.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	114,513.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	378,475.	431,054.	441,851.	458,050.	1,709,430.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,564,145.
c Total lobbying expenditures	16,228.	16,228.	16,397.	16,546.	65,399.
d Grassroots nontaxable amount	94,619.	107,764.	110,463.	114,513.	427,359.
e Grassroots ceiling amount (150% of line 2d, column (e))					641,039.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1f below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1f)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1f			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2	
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess dues does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public
Inspection

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number
85-0431846

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<input type="checkbox"/> Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/08, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to those items:	
(i) Revenue included on Form 990, Part VIII, line 1	► \$ 1,050.
(ii) Assets included in Form 990, Part X	► \$ 34,800.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

Schedule D (Form 990) 2016

832051 08-28-16

Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- | | |
|--|--|
| a <input checked="" type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
1c		
1d		
1e		
1f		

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V: Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,593,730.	24,355,212.	21,441,119.	19,475,622.	17,944,351.
b Contributions	278,180.	236,100.	4,470,973.	10,171.	64,805.
c Net investment earnings, gains, and losses	2,582,239.	1,401,604.	-743,055.	2,759,919.	2,266,268.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,249,781.	1,399,186.	821,825.	804,593.	799,802.
f Administrative expenses					
g End of year balance	26,204,368.	24,593,730.	24,355,212.	21,441,119.	19,475,622.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 58.64 %

b Permanent endowment ► 41.36 %

c Temporarily restricted endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI: Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		12,215,906.	2,625,618.	9,590,288.
c Leashold improvements				
d Equipment		1,778,866.	1,358,055.	420,811.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				► 10,011,099.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	7,990,422.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	1,898,720.
b Donated services and use of facilities	2b	127,439.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	190,583.
e Add lines 2a through 2d	2e	2,216,742.
3 Subtract line 2e from line 1	3	5,773,680.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	401,437.
c Add lines 4a and 4b	4c	401,437.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,175,117.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	6,077,581.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	127,439.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	190,583.
e Add lines 2a through 2d	2e	318,022.
3 Subtract line 2e from line 1	3	5,759,559.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	401,437.
c Add lines 4a and 4b	4c	401,437.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,160,996.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:THE ORGANIZATION SOMETIMES RECEIVES DONATIONS OF ART. THE ART ISDISPLAYED THROUGHOUT THE BUILDINGS TO PROVIDE INSPIRATION TO THE STUDENTS.**PART V, LINE 4:**ANNUAL SUPPORT FOR OPERATIONS & SCHOLARSHIPS**PART X, LINE 2:**NDI NEW MEXICO IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)OF THE INTERNAL REVENUE CODE EXCEPT TO THE EXTENT OF UNRELATED BUSINESSTAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. NDI NEWMEXICO HAD NO UNRECOGNIZED TAX BENEFITS WHICH WOULD REQUIRE AN ADJUSTMENT

[Part XIII] Supplemental Information *(continued)*

AS OF AUGUST 31, 2017 OR AUGUST 31, 2016. NDI NEW MEXICO FILES AN EXEMPT
ORGANIZATION RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE STATE OF
NEW MEXICO.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING AND GAMING EXPENSES 190,583.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANTS & ASSISTANCE TO INDIVIDUALS 401,437.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING & GAMING EXPENSE 190,583.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS & ASSISTANCE TO INDIVIDUALS 401,437.

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1145-0347

2016Open to Public
Inspection

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.Employer identification number
85-0431846**Part I****Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have authority or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

I.A. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

[Part II] Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FY, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 SANTA FE GALA (event type)	(b) Event #2 ALBUQUERQUE GALA (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	494,825.	212,387.	58,241.	765,453.
	2 Less: Contributions	455,265.	187,628.	53,147.	696,040.
	3 Gross income (line 1 minus line 2)	39,560.	24,759.	5,094.	69,413.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			1,035.	1,035.
	6 Rent/facility costs	31,379.	33,602.	244.	65,225.
	7 Food and beverages	26,360.	19,007.	4,088.	49,455.
	8 Entertainment	2,800.	2,925.	560.	6,285.
	9 Other direct expenses	56,770.	54,557.	9,502.	120,829.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 242,829.
	11 Net income summary. Subtract line 10 from line 3, column (d)				► -173,416.

[Part III] Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue			47,311.	47,311.
	2 Cash prizes				
	3 Noncash prizes			3,181.	3,181.
	4 Rent/facility costs				
	5 Other direct expenses			613.	613.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► 3,794.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				► 43,517.

9 Enter the state(s) in which the organization conducts gaming activities: NM

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: STATE OF NEW MEXICO GAMING CONTROL BOARD EXEMPTIONS APPLY. NOT FOR PROFIT ORGANIZATIONS ARE NOT REQUIRED TO OBTAIN A LICENSE.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | |
|-------------------------------|--------------|
| a The organization's facility | 13a 100.00 % |
| b An outside facility | 13b % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► MARIA WOLFE

Address ► 1140 ALTO STREET SANTA FE, NM 87501

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► MARIA WOLFE

Gaming manager compensation ► \$ _____

Description of services provided ► SUPERVISION OF RECORDKEEPING, MONEY COUNTING AND BANK DEPOSITS. MANAGER IS NOT COMPENSATED FOR GAMING ACTIVITIES.

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Part IV Supplemental Information *(continued)*

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

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

► Attach to Form 990.

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Part III: Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 890, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraised, other)	(f) Description of noncash assistance
BUILDING SCALE TUITION ASSISTANCE	1447	401,437,	0.	FEE FOR TUITION	
ADVANCED TRAINING SCHOLARSHIPS	28	45,380,	0.	FEE FOR TUITION	

Part IV: Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

INDIVIDUALS ARE EVALUATED BASED ON NEED, AND AMOUNTS ARE RECORDED AND
 TRACKED THROUGH THE ACCOUNTING SYSTEM (FOR ADVANCED TRAINING SCHOLARSHIPS)
 OR THROUGH THE CLASS / STUDENT DATABASE.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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Inspection

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number
85-0431846

Part I: Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

	Yes	No
1a		
1b		
2		

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

3		
4a	X	
4b	X	
4c	X	

- 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4		
4a	X	
4b	X	
4c	X	

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

5a	X	
5b	X	

- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

6a	X	
6b	X	

- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7	X	
8	X	

- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

8	X	
9		

L1A For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

85-0431846

NATIONAL DANCE INSTITUTE NM, INC.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i), and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation:	(C) Retirement and other deferred compensation		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation			
(1) RUSSELL BAKER EXECUTIVE DIRECTOR	(i) 164,103. (ii) 0. (iii) 0.	7,500. 0. 0.	0. 0. 0.	3,381. 0. 0.	6,480. 0. 0.	181,464. 0. 0.
(2) (i) (ii) (iii)						
(3) (i) (ii) (iii)						
(4) (i) (ii) (iii)						
(5) (i) (ii) (iii)						
(6) (i) (ii) (iii)						
(7) (i) (ii) (iii)						
(8) (i) (ii) (iii)						
(9) (i) (ii) (iii)						
(10) (i) (ii) (iii)						
(11) (i) (ii) (iii)						
(12) (i) (ii) (iii)						
(13) (i) (ii) (iii)						
(14) (i) (ii) (iii)						
(15) (i) (ii) (iii)						
(16) (i) (ii) (iii)						
(17) (i) (ii) (iii)						
(18) (i) (ii) (iii)						
(19) (i) (ii) (iii)						
(20) (i) (ii) (iii)						
(21) (i) (ii) (iii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE ORGANIZATION PAID A BONUS TO THE EXECUTIVE DIRECTOR FOR ACHIEVING

ANNUAL GOALS. THE BOARD OF DIRECTORS APPROVED THE BONUS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OWH No. 1545 0047

2016

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

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85-0431846

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X		1,050	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		143	FAIR MARKET VALUE
5 Clothing and household goods	X		12,336	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	248,645	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	1	500	FAIR MARKET VALUE
19 Food inventory	X	10	19,704	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PRODUCTS/SUPP)	X	4	10,200	FAIR MARKET VALUE
26 Other ► (CONSTRUCTION/)	X	5	1,840	FAIR MARKET VALUE
27 Other ► (OFFICE FURNIT)	X	2	1,400	FAIR MARKET VALUE
28 Other ► (JEWLERY)	X	3	1,332	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a	X	

b If "Yes," describe the arrangement in Part II.

30a	X
31	X

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	X
32a	X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a	X
33	X

b If "Yes," describe in Part II.

33	X
34	X

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) (2016)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number
85-0431846

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT WILL CARRY OVER INTO ALL ASPECTS OF THEIR LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WILL CARRY OVER INTO ALL ASPECTS OF THEIR LIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS INCLUDE SUMMER TRAINING PROGRAMS (781 STUDENTS) WHICH
PROVIDE ADDITIONAL DANCE INSTRUCTIONS DURING THE SUMMER. TRAIN THE
TRAINER AND TEACHING EXCELLENCE EDUCATE INSTRUCTORS AND SCHOOL TEACHERS
IN THE PROVEN EDUCATIONAL METHODOLOGY OF NDI-NM. THE SNACK CURRICULUM
FOCUSSES ON HEALTH AND NUTRITION EDUCATION. HIP TO BE FIT IS A PROGRAM
IN CONJUNCTION WITH THE CITY OF ALBUQUERQUE COMMUNITY CENTERS AND TWO
HEALTH ORGANIZATIONS THAT FOCUSES ON THE HEALTH BENEFITS OF EXERCISE
AND HEALTHY EATING. (900 STUDENTS)

EXPENSES \$ 352,633. INCLUDING GRANTS OF \$ 72,217. REVENUE \$ 267,463.

FORM 990, PART VI, SECTION A, LINE 2:

GERALD LANDGRAF LEASES AN APARTMENT TO THE EXECUTIVE DIRECTOR RUSSELL BAKER
AT FAIR MARKET VALUE. JAMES GOODWIN AND LESLIE NATHANSON JURIS HAVE A
BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE 990 IS COMPLETED BY THE AUDIT FIRM, NDI NEW MEXICO SENIOR STAFF
REVIEWS THE FORM. AFTER ANY ADJUSTMENTS ARE MADE, THE AUDIT COMMITTEE THEN
REVIEWS THE FORM 990. AFTER ANY ADDITIONAL ADJUSTMENTS ARE MADE, THE BOARD

LIA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 06-26-16

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85-0431846

OF DIRECTORS RECEIVES A COPY OF THE FORM AND IS PROVIDED THE OPPORTUNITY TO REVIEW AND OR SUGGEST CHANGES. IF ADDITIONAL CHANGES ARE REQUESTED, THE FINANCE AND AUDIT COMMITTEES ARE AUTHORIZED TO CONDUCT A FINAL REVIEW TO ENSURE THAT THE DOCUMENT IS COMPLETE AND ACCURATE. ONLY AFTER THIS IS THE FORM FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS A BOARD GOVERNANCE COMMITTEE. IN THE ABSENCE OF A CONFLICTS COMMITTEE, THE GOVERNANCE COMMITTEE ACTS AS A CONFLICTS COMMITTEE. MEMBERS ARE ASKED ANNUALLY TO DISCLOSE ANY CONFLICTS. THE GOVERNANCE COMMITTEE EVALUATES ANY CONFLICTS AND DETERMINES WHETHER THEY ARE MATERIAL. IF THE CONFLICTS COMMITTEE CONCLUDES THAT A FINANCIAL INTEREST CONSTITUTES A MATERIAL CONFLICT OF INTEREST THE BOARD OF DIRECTORS SHALL DETERMINE BY VOTE OF THE DISINTERESTED DIRECTORS IN ACCORDANCE WITH THE BY-LAWS WHETHER THE TRANSACTION, CONTRACT OR ARRANGEMENT IS IN NDI NEW MEXICO'S (NDI-NM'S) BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE TO NDI NM (CONSIDERING KNOWN FACTORS, INCLUDING WHETHER OR NOT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST), AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION, CONTRACT OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. THE INTERESTED DIRECTOR SHALL ABSTAIN FROM THE VOTE AND DELIBERATIONS

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTORS SALARY IS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS COMPARABLE DATA IN DETERMINING COMPENSATION AND SEEKS APPROVAL FROM THE BOARD OF DIRECTORS. THIS PROCESS IS DOCUMENTED AND WAS

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number

85-0431846

LAST DONE IN SEPTEMBER. THE EXECUTIVE DIRECTOR SETS OFFICERS AND KEY EMPLOYEES SALARIES AS PART OF THE ANNUAL BUDGET PROCESS. COMPARABLE DATA FROM SIMILAR SIZED ORGANIZATIONS IS USED TO HELP DETERMINE THESE SALARIES.
THE BUDGET IS THEN REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS. THIS PROCESS IS DOCUMENTED AND WAS LAST DONE IN JULY THROUGH AUGUST 2017.

FORM 990, PART VI, SECTION C, LINE 19:

THESE ARE PROVIDED UPON REQUEST - TYPICALLY TO GRANT-MAKING AND GOVERNMENT FUNDING SOURCES.

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships****2016**Department of the Treasury
Internal Revenue ServiceName of the organization
NATIONAL DANCE INSTITUTE NM, INC.

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/formgen.Employer identification number
85-0431846**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

[a] Name, address, and EIN (if applicable) of disregarded entity	[b] Primary activity	[c] Legal domicile (state or foreign country)	[d] Total income	[e] End-of-year assets	[f] Direct controlling entity
307 CAYING ALIRE LLC - 51-3972451 114C AUTO STREET SANTA FE, NM 87501	TO SUPPORT AND YANK DISTRIBUTOINS TO NATIONAL DANCE INSTITUTE & NEW MEXICO	NEW MEXICO	778,961	780,016	NATIONAL DANCE INSTITUTE - NEW MEXICO, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

[a] Name, address, and EIN of related organization	[b] Primary activity	[c] Legal domicile (state or foreign country)	[d] Exempt Code section	[e] Public charity status (if section 501(c)(3))	[f] Direct controlling entity	[g] Section 513(c); controlling entity?
						Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domestic state or foreign country	(d) Direct controlling entity	(e) Proportionate income (rated, unrate,ed, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Proportionate distribution? Yes No	(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or reselling partner? Yes No	(k) Percentage ownership by related entity?

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

(a) Name, address, and EIN of related organization	(b) Primary activity —e.g., domestic (state or foreign country)	(c) Direct controlling entity	(d) Type of entity (C corp., S corp., or trust)	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section § 170(h)(3) controlled entity?	(j) General or reselling partner? Yes No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
[6]			

Part VII: Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I. IDENTIFICATION OF DISREGARDED ENTITIES:NAME OF DISREGARDED ENTITY:307 CAMINO ALIRE LLCPRIMARY ACTIVITY: TO SUPPORT AND MAKE DISTRIBUTIONS TO NATIONAL DANCEINSTITUTE - NEW MEXICO

EXTENDED TO JULY 16, 2018

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0667

For calendar year 2016 or other tax year beginning SEP 1, 2016, and ending AUG 31, 2017**2016**Open to Public Inspection for
Exempt Organizations OnlyDepartment of the Treasury
Internal Revenue Service► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Check box if
address changed

B Exempt under section

- 501(c)(3)
 408(e) 229(e)
 408A 530(a)
 529(a)

Print
or
TypeName of organization (Check box if name changed and see instructions.)**NATIONAL DANCE INSTITUTE NM, INC.**D Employer identification number
(Employees' trust, see
instructions.)**85-0431846**

Number, street, and room or suite no. If a P.O. box, see instructions.

1140 ALTO STREETE Unrelated business activity codes
(See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

SANTA FE, NM 87501**711120**C Book value of all assets
at end of year**38,621,693**

F Group exemption number (See instructions.) ►

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ►

SEE STATEMENT 1I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No

If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► **MARIA WOLFE, DIRECTOR OF BUSINESS** Telephone number ► **505-983-7646**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 1797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Interest income (Schedule C)			
7	Unrelated debt-financed income (Schedule F)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)	STATEMENT 2		
13	Total. Combine lines 3 through 12	32,000.		32,000.
		12 2,084.		2,084.
		13 34,084.		34,084.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	21,029.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	567.
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess leadership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	1,720.
29	Total deductions. Add lines 14 through 28		29	23,316.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	10,768.
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	10,768.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	9,768.

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 \$60,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>			
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/>			
c Income tax on the amount on line 34		35c	1,465.
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	1,465.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1110)	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	1,465.	
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	1,465.	
45a Payments: A 2015 overpayment credited to 2016	45a	1,210.	
b 2016 estimated tax payments	45b	450.	
c Tax depositor with Form 8868	45c		
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 4130 <input type="checkbox"/> Other Total ► 45g	45g		
46 Total payments. Add lines 45a through 45g	46	1,660.	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input type="checkbox"/>	47		
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	195.	
50 Enter the amount of line 49 you want Credited to 2017 estimated tax ► 195. Refunded ► 50 0.	50	0.	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 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 ► <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>
53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		X <input type="checkbox"/>

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 PAMELA ALEXANDERSON	Preparer's signature PAMELA ALEXANDERSON	Date 04/26/18
	Firm's name ► MOSS ADAMS LLP		Check <input type="checkbox"/> if self-employed PTIN P01218925
	6565 AMERICAS PARKWAY NE, STE 600		Firm's EIN ► 91-0189318
	Firm's address ► ALBUQUERQUE, NM 87110		Phone no. 505-878-7200

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total:	0.	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 6, 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		
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	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 2(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B) ►
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2016)

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)				

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

Add column 8 and 11.
Enter here and on page 1, Part I,
line 8, column (B).

Totals

► 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. Subsidies (attach schedule)	5. Total deductions and subsidies (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 4,
Part I, line 9, column (A).

Enter here and on page 4,
Part I, line 9, column (B).

Totals

► 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)						

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 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. Advertising costs	7. Excess readership credits (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.

Form 990-T (2016)

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 (subtract 6 from column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ►	0.	0.				0.
	Enter here and on page 1, Part I, line 31, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 29.
Totals, Part II (lines 1-6) ►	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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

SPONSORS AND OTHER BUSINESSES ADVERTISE IN ANNUAL PROGRAM BOOK.

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
SERVICE INCOME	2,084.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	2,084.

FORM 990 T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
OVERHEAD AND ADMINISTRATIVE EXPENSES ALLOCATED	1,720.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,720.

Form 8925

(Rev. January 2010)
Department of the Treasury
Internal Revenue Service (IRS)

Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-0208

► Attach to the policyholder's tax return - See instructions.

Attachment
Sequence No. 100

Name(s) shown on return

NATIONAL DANCE INSTITUTE NM, INC.

Name of policyholder, if different from above

Identifying number

85-0431846

Identifying number, if different from above

Type of business

TAX EXEMPT

1 Enter the number of employees the policyholder had at the end of the tax year	1	146.
2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See Section 1035 exchanges for an exception	2	1.
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2	3	500,000.
4a Does the policyholder have a valid consent (see instructions) for each employee included on line 2?	X Yes	<input type="checkbox"/> No
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	

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

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its Instructions is at www.irs.gov/form8868.

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. NATIONAL DANCE INSTITUTE NM, INC.	Employer identification number (EIN) or 85-0431846	
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1140 ALTO STREET	Social security number (SSN)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA FE, NM 87501		

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application	Return Code	Application	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARIA WOLFE, DIRECTOR OF BUSINESS & ADMINISTRATION

- The books are in the care of ► 1140 ALTO STREET - SANTA FE, NM 87501
- Telephone No. ► 505-983-7646 Fax No. ► □
- If the organization does not have an office or place of business in the United States, check this box □
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until JULY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► <input type="checkbox"/> calendar year <u> </u> or	
► <input checked="" type="checkbox"/> tax year beginning <u>SEP 1, 2016</u> , and ending <u>AUG 31, 2017</u>	
2 If the tax year entered in line 1 is for less than 12 months, check reason:	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return
<input type="checkbox"/> Change in accounting period	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <u>0.</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u>0.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using E-IPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <u>0.</u>

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

I.H.A. For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

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

OMB No. 1545-1709

- File a separate application for each return.
 ► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NATIONAL DANCE INSTITUTE NM, INC.	Employer identification number (EIN) or Social security number (SSN) 85-0431846
	Number, street, and room or suite no. If a P.O. box, see instructions. 1140 ALTO STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA FE, NM 87501	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-HI	02	Form 1041 A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(e) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARIA WOLFE, DIRECTOR OF BUSINESS & ADMINISTRATION

- The books are in the care of ► 1140 ALTO STREET · SANTA FE, NM 87501
- Telephone No. ► 505-983-7646 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until JULY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► <input type="checkbox"/> calendar year <input type="text"/> or	
► <input checked="" type="checkbox"/> tax year beginning <u>SEP 1, 2016</u> , and ending <u>AUG 31, 2017</u>	
2 If the tax year entered in line 1 is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period	
3a If this application is for Forms 990-HI, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <u>1,210.</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u>1,210.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <u>0.</u>

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LI-A For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

2016 CIT-1**NEW MEXICO CORPORATE INCOME AND
FRANCHISE TAX RETURN**

166081019

Taxpayer's name NATIONAL DANCE INSTITUTE NM		
Mailing Address (Number and street) 1140 ALTO STREET		
City SANTA FE	State NM	Postal/ZIP code 87501
Foreign address, enter country	Foreign province and/or state	

Federal Employer Identification No. (Required)
85-0431846New Mexico CRS Identification No.
02-290883-008

1019 01 2

- 4a Original Return
 4b Amended - RAR
 4c Amended - Capital Loss
 4d Amended - Other

FOR DEPARTMENT USE ONLY

New Mexico
Corporate Entity ID.
1729383Tax Year Beginning
09 01 2016 Tax Year Ending
08 31 2017 Extended Due Date
6c6d **505-983-7646**

Taxpayer telephone number

COMPLETE THE FOLLOWING:

A. State of incorporation **NEW MEXICO** d. Date of incorporation **05/25/1995**

B. Date business began in New Mexico **05/25/1995** e. State of commercial domicile **NEW MEXICO**

C. Name and address of registered agent in New Mexico **CHARLES W. N. THOMPSON JR.**
460 ST. MICHAELS DR. STE 1000 mailing address **SANTA FE** city **NM 87505** state ZIP code

D. NAICS Code (Required) **711100** f. Principal business activity in New Mexico **DANCE INSTITUTE**

E. Method used to determine New Mexico taxable income of the corporation:

- Separate corporate entity Combination of unitary domestic corporations Federal consolidated group

F. Indicate method of accounting: Cash Accrual Other (specify) g.

G. If this is the corporation's final return, was the corporation:

- Dissolved Merged or reorganized Withdrawn c. Date

H. Has this corporation's federal income tax liability changed for any year due to an IRS audit or the filing of an amended federal return that has not been reported to New Mexico? YES NO If yes, submit an amended New Mexico Corporate Income and Franchise Tax Return, and a copy of the amended federal return or Revenue Agent's Report (RAR), if applicable, to the New Mexico Taxation and Revenue Department.

I. If this return is a consolidated or combined return, complete the following information for each corporation in the consolidated or combined group. The total of Column 3 must equal CIT-1, page 2, line 19, and the total of Column 4 must equal CIT-1, page 2, line 15. If you need more space, attach a schedule in the same format.

Column 1 Corporate name	Column 2 Federal employer identification number (FEIN)	Column 3 Amount of quarterly, tentative, or other payments to be applied to this return.	Column 4 Enter \$0 for each corporation paying franchise tax.
 	 	 	
 	 	 	
Totals			

J. FOR COMBINED filERS ONLY:

Is this combination the same as filed last year? YES NO If no, please list each corporation added to or eliminated from the combined group. Include each corporation's FEIN. If you need more space, attach a schedule.

J1.

K. If other than a corporation, enter your legal entity type (for example, LLC or partnership):

L. If your business activities were immune from New Mexico corporate income tax under P.L. 86-2/2 for the 2016 tax year, mark this box.

You must also enter zero on Schedule CIT-A, line 1. Complete and attach Schedule CIT-A to the CIT-1 return.

4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See Instructions.

REFUND EXPRESS!! HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3, AND 4.

RF1 1. Routing number:

RE3 3. Type:

Checking

Enter X.

Savings

Enter X.

RE2 2. Account number:

RE4 YES

NO

You must answer this question.

6/2011 12-29-1G

Federal Employer Identification Number (FEIN)

85-0431846



166091019

1. Taxable income before federal NOI and special deductions (from federal Form 1120)	1 10,768
1a. If federal taxable income is negative, enter the federal NOI incurred	1a []
2. Interest income from municipal bonds, excluding New Mexico bonds	2 []
3. Federal special deductions (from federal Form 1120). Enter only a positive number	3 []
4. New Mexico base income. Add lines 1 and 2, and then subtract line 3	4 9,768
5. New Mexico NOL carryover. Attach Form NFD-41379	5 []
6. Interest from U.S. government obligations or federally taxed New Mexico bonds	6 []
7. Subtotal. Subtract the sum of lines 5 and 6 from line 4	7 9,768
8. Deduction for foreign dividends from CIT-D, line 5	8 []
9. New Mexico net taxable income. Subtract line 8 from line 7	9 9,768
10. Income tax computation. Tax on the amount on line 9. See tax table on page 10 of instructions	10 469
11. New Mexico percentage. Enter 100% OR percentage from CIT-C, line 5	11 100.0000 %
12. New Mexico income tax. Multiply line 10 by the percentage on line 11	12 469
13. Total tax credits applied against the income tax liability on line 12 (from CIT-CR, line A). Attach CIT-CR	13 []
14. Net income tax. Subtract line 13 from line 12. Amount cannot be negative	14 469
15. Franchise tax (\$30 per corporation)	15 50
16. Total income and franchise tax. Add lines 14 and 15	16 519
17. Amended Returns Only. Enter amount of all 2016 refunds received or overpayments applied to 2017. Also see instructions for line 19	17 []
18. Subtotal. Add lines 16 and 17	18 519
19. Total Payments: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Applied from prior year	19 []
Mark this box if you wish to use method 1 to calculate penalty and interest on underpayment of estimated tax. See instructions, attach NFD-41287	
20. New Mexico income tax withheld from oil and gas proceeds. Attach Forms 1099-Misc or RPD-41205	20 []
21. New Mexico income tax withheld from a pass-through entity. Attach Forms 1099-Misc or RPD-41359	21 []
22. Total payments and tax withheld. Add lines 19 through 21	22 838
23. Tax due. If line 10 is greater than line 22, subtract line 22 from line 10	23 []
24. Penalty. See CIT-1 Instructions	24 []
25. Interest. See CIT-1 Instructions	25 []
26. Total amount due. Add lines 23, 24 and 25	26 []
27. Overpayment. If line 22 is greater than line 18, enter the difference	27 []
27a. Amount of overpayment to be applied to 2017 liability (not more than line 27)	27a 319
27b. Amount of overpayment to be refunded. Subtract line 27a from line 27	27b 319
28. Total portion of tax credits to be refunded (from CIT-CR, line B). Attach CIT-CR	28 []
29. Total refund of overpaid tax and refundable credit due to you. Add lines 27b and 28	29 []

667207 1P-20-18

Taxpayer's signature

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) or an employee of the taxpayer is based on all information of which preparer has any knowledge.

Signature of officer

Date

505-983-7646

Title

Contact phone number

Taxpayer's email address MWOLFE@NDI-NM.ORG

Paid preparer's use only:

04/13/18

Signature of preparer if other than employee of the taxpayer

Date

P1 NM CRS Identification number

03-056949004

P2 FEIN 91-0189318

P3 Preparer's PTIN P01218925

P4 Preparer's phone number 505-878-7200