

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

	Type or Name of exempt organization or other filer, see instructions.					on number (TIN)
print	NATIONAL DANCE INSTITUTE N	NM, INC	•		85-04	31846
File by th due date filing you return. So	for Number, street, and room or suite no. If a P.O. box	, see instruct	ions.			
instructio		a foreign add	ress, see instructions.			
Enter t	he Return Code for the return that this application is for	(file a separa	te application for each return)			
Application			Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) MARIYA FLORES	07				
• If the box •	request an automatic 6-month extension of time until he organization named above. The extension is for the c ▶ calendar year or	jit Group Exe	mption Number (GEN), 1 ch a list with the names and TINs of X 17, 2023 , to file return for: d ending AUG 31, 2022	If this is fo all membe	r the whole of ers the exter upt organiza	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 60 nn nonrefundable credits. See instructions.	69, enter the	tentative tax, less	3a	\$	0.
-	f this application is for Forms 990-PF, 990-T, 4720, or 60	69 enter an	refundable credits and	3d	Ψ	0.
estimated tax payments made. Include any prior year overpayment allowed as a credit.				Зb	\$	0.
-	Balance due. Subtract line 3b from line 3a. Include your					
	ising EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdraw tions.	val (direct del	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	9-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notic	e, see instru	ictions.		Form 8	8868 (Rev. 1-2022)

123841 01-12-22

			** PUBLIC DISCLOSURE COPY	* *		
	n	00	Return of Organization Exempt Fron Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			OMB No. 1545-0047
Forr	» 2021					
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as it m			Open to Public
Intern	al Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning SEP 1, 2021 and ending			Inspection
				AUG 31		
B C a	heck if pplicabl	le: C Name of	organization	D Empl	oyer identifica	ation number
Change NATIONAL DANCE INSTITUTE NM, INC.						
	Name Chang	-043184	6			
	Initial return		usiness as and street (or P.O. box if mail is not delivered to street address) Room/s		hone number	-
	Final return	11/0	ALTO STREET		5-983-7	646
	termir) -	own, state or province, country, and ZIP or foreign postal code	G Gross r		17,867,821.
	Amen return	ded SANT	H(a) Is th	nis a group ret	urn	
	Applic tion		nd address of principal officer: RUSSELL BAKER	for	subordinates?	Yes X No
	pendi	SAME	AS C ABOVE	H(b) Are a	II subordinates incl	uded? Yes No
		empt status:				st. See instructions
			://WWW.NDI-NM.ORG/		up exemption	
			X Corporation	Year of formation	n: 1995 M	State of legal domicile: NM
Fd	rt I	Summary				
e	1	Briefly describ	e the organization's mission or most significant activities: HELP CHI INE , A STANDARD OF EXCELLENCE , AND A	. ЦОКЕМ О Обттер т	EVELUP	
Governance	_		$x \triangleright$ if the organization discontinued its operations or disposed of r			
/ern						25
Go			Ing members of the governing body (Part VI, line 1a)			25
			of individuals employed in calendar year 2021 (Part V, line 2a)			140
Activities &			of volunteers (estimate if necessary)			150
ctiv			d business revenue from Part VIII, column (C), line 12			139,280.
Ă			business taxable income from Form 990-T, Part I, line 11			110,925.
				Prior		Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		7,617.	5,585,769.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		8,324.	1,256,548.
leve			come (Part VIII, column (A), lines 3, 4, and 7d)		2,115.	1,317,914.
ш			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,479.	-3,409.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,577.	8,156,822.
			nilar amounts paid (Part IX, column (A), lines 1-3)	18	4,640.	208,429.
	14		to or for members (Part IX, column (A), line 4)	2 60	0.	<u> </u>
ses			compensation, employee benefits (Part IX, column (A), lines 5-10)	5,00	0.	<u>4,445,104</u> 0.
Expenses			undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ <u>1,394,834</u> .			
EXE			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1.40	7,007.	1,799,670.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,778.	6,451,263.
	19		expenses. Subtract line 18 from line 12		0,799.	1,705,559.
or				Beginning of (End of Year
sets llanc	20	Total assets (F	Part X, line 16)		4,184.	52,050,315.
t Assets or d Balances	21		(Part X, line 26)	41	8,916.	491,637.
Fun			fund balances. Subtract line 21 from line 20	53,14	5,268.	51,558,678.
	rt II	Signature				
			I declare that I have examined this return, including accompanying schedules and sta		-	nowledge and belief, it is
true,	correc	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	1		
<u>.</u>	_	Signature	e of officer		5/6/23 Date	
Sigr		· · · · · ·	ELL BAKER, EXECUTIVE DIRECTOR	L	Juit	
Her	e		rint name and title			

	Type of print name and the					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	STEVEN TALBOT	STEVEN TALBOT	05/19/23 self-employed P01695427			
Preparer	Firm's name 🕨 MOSS ADAMS LLP		Firm's EIN 🕨 91-0189318			
Use Only	Firm's address 🖕 6565 AMERICAS PA	RKWAY NE STE 600				
	ALBUQUERQUE, NM 87110 Phone no. 505-878-7200					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
			000			

132001	12-09-21	LHA For Paperwork Reduction Act Notice, see the separate instructions.						
	SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

	1990 (2021) NATIONAL DANCE INSTITUTE NM, INC. 85-0431846 Page 2 t III Statement of Program Service Accomplishments
Par	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
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?
	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?
	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.
	(Code:) (Expenses \$1,605,619. including grants of \$197,495.) (Revenue \$527,200.
	OUTREACH PROGRAM - SERVING 5,751 INDIVIDUALS - NDI-NM PARTNERS WITH
	PUBLIC SCHOOLS TO PROVIDE ENERGETIC, ENGAGING DANCE CLASSES TO STUDENTS
	DURING THE REGULAR SCHOOL DAY AS WELL AS THROUGH VIRTUAL OR
	PRE-RECORDED CLASSES AND FOR MORE ADVANCED STUDENTS AFTER SCHOOL OR ON
	WEEKENDS. PROGRAMS ARE EITHER 15 OR 30 WEEKS LONG. A CERTIFIED
	INSTRUCTOR AND A 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 46
	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
	(Code:) (Expenses \$409,687. including grants of \$) (Revenue \$46,799.
	RESIDENCY - SERVING 2,458 INDIVIDUALS. PROGRAM IMPLEMENTED IN ONE- TO
	THREE-WEEK SESSIONS AS WELL AS THROUGH VIRTUAL OR PRE-RECORDED
	PROGRAMMING IN 31 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 A 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. TWO
	RESIDENCY PROGRAMS INCLUDE AN ADVANCED TRAINING COMPONENT FOR STUDENTS
	WISHING TO ADVANCE THEIR SKILLS AND EXPERIENCE.
4c	(Code:) (Expenses \$1, 388, 625. including grants of \$10, 934.) (Revenue \$593, 853.
	ADVANCED TRAINING PROGRAMS - SERVING 746 INDIVIDUALS. THESE PROGRAMS
	INCLUDE AFTER-SCHOOL AND SUMMER 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. PROFESSIONAL EVALUATIONS SHOW THESE STUDENTS SCORE AN AVERAGE OF
	ONE LETTER GRADE HIGHER THAN THEIR PEERS ON MATH, READING AND SCIENCE
	EXAMS.
4d	
	(Expenses \$ 535,621. including grants of \$) (Revenue \$ 88,696.)
	~ ~ ~ ~ = ~
4e	Total program service expenses ► 3,939,552.
4e	Form 990 (202
	Total program service expenses 3,939,552. Form 990 (202 2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S) 5 5

Form	990	(2021)
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 Form 990 (2021)
 NATIONAL DANCE INSTITUTE NM, INC.

 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? See instructions	2	Х	
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		v	
_	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	-		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, 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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	Х	
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	4.4%		х
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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
20a		20a		X
	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 \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990	X (2021)
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Form	aan	(2021)
FUIII	990	(2021)

 Form 990 (2021)
 NATIONAL DANCE INSTITUTE NM, INC.
 85-0431846
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 <td

			Yes	No
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	Х	
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	Х	
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		
	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		
	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 I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
-	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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? If "Yes," complete Schedule N, Part I	31		X
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	Х	L
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check 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 28			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
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				、·-·/

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021)				INSTITUTE			
Sta	ntements F	Regarding Othe	er IRS Fili	ngs and Tax Co	omplia	nce _{(con}	tinued)

				_		Yes	No
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		140			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	s					
					3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		·····	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccou	nt)?	·····	4a		X
b	If "Yes," enter the name of the foreign country		. (== . =)				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				F -		х
5a			·····		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact				5b 5c		<u>л</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				50		
Ua	any contributions that were not tax deductible as charitable contributions?				6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			····· -	Ua		
D.	were not tax deductible?		0		6b		
7	Organizations that may receive deductible contributions under section 170(c).			····· -	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the	pavor?	7a	х	
				Г	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			·····			
	to file Form 8282?				7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrad	ct?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	399 as require	d?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne				
					8		
9	Sponsoring organizations maintaining donor advised funds.						
a				····· -	9a		
b				····· -	9b		
10	Section 501(c)(7) organizations. Enter:	40-	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b					
	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	11a	1				
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
2	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			_	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · · · ·	•				
а	Is the organization licensed to issue qualified health plans in more than one state?			[13a		
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	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					
	Enter the amount of reserves on hand	13c					
				F	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?				15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.						v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	·····	16		Х
47	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.				17		
132005	12-09-21 8				Form	990	(2021)

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Form 990 (2021)

Part V

Form	990	(2021)
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NATIONAL DANCE INSTITUTE NM, INC.

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 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 on Schedule O. See instructions.

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

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	5		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25	5		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
ec	tion B Policies at a set of the names and addresses on Schedule O	9		23
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vac	
^ -	Did the superiorities have lead shorters have been as efficience	10-	Yes	N X
	Did the organization have local chapters, branches, or affiliates?	10a		
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $ ightarrow m NM$			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
-	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARIYA FLORES - 505-983-7646			
	1140 ALTO STREET, SANTA FE, NM 87501			

Form	aan	(2021)
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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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	l			C)			(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-INEC)	organization and related
	below	dual t	utiona	_	m ploy	st cor	1			organizations
	line)	ndivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUSSELL BAKER	40.00		_				-			
EXECUTIVE DIRECTOR				Х				187,527.	0.	12,973.
(2) MARY GULLEDGE	40.00									
DIRECTOR OF ADVANCEMENT				Х				130,250.	0.	2,605.
(3) JEFFREY GUY, DIR. OF FINANCE	40.00									
& ADMIN, (THRU JUNE 2022)				Х				116,918.	0.	11,560.
(4) ELIZABETH SALGANEK	40.00									
ARTISTIC DIRECTOR				Х				113,549.	0.	11,493.
(5) DIANE DONIGER	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(6) PAUL CASSIDY	3.00									
VICE-CHAIRMAN		Х		Х				0.	0.	0.
(7) GERALD LANDGRAF	3.00									
TREASURER		Х		Х				0.	0.	0.
(8) JULIA BOWDICH	2.00									
SECRETARY		Х		Х				0.	0.	0.
(9) CATHERINE OPPENHEIMER	1.00									
FOUNDING ARTISTIC DIRECTOR		Х		Х				0.	0.	0.
(10) VALERIE T DIKER	1.00									
DIRECTOR AND FOUNDING CHAIR		Х						0.	0.	0.
(11) JOHN BERNDT	1.50									
DIRECTOR		Х						0.	0.	0.
(12) JAMAI BLIVIN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CAROL COCHRAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LINDA DIPAOLO LOVE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KELCY FLANAGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DAVID FOSTER	1.00									
DIRECTOR		Х						0.	0.	0.
(17) ALEEM HASHAM	1.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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132007 12-09-21

Form 990 (2021)

Form 990 (2	021) NATIONAL	DANCE I	<u>NS</u>	TI	TU	ΤE	l N	м,	INC.	85-043	1846	Pa	age 8
Part VII	Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	(do box		(C Posi neck i ss per	C) ition more rson i) than o s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fi org an	npensat rom the ganization of relate anization	e on ed
(18) PEGG DIRECTOR	Y HUBBARD	1.00	x						0.	0			0.
	MILLER KING	1.00											
DIRECTOR		1 0 0	Х						0.	0	•		0.
(20) LEEA DIRECTOR	N KRAVITZ	1.00	x						0.	0			Ο.
(21) JESS	E MARTINEZ	1.00											
DIRECTOR		1 0 0	Х						0.	0	•		0.
(22) BRIA DIRECTOR	N MCGRATH	1.00	x						0.	0			Ο.
(23) JOEL	MEVI	1.00	Δ						0.	0	•		<u> </u>
DIRECTOR			x						0.	0			0.
(24) KATE	MOSS	1.00											
DIRECTOR		1 0 0	Х						0.	0	•		0.
	N MUNDS-DRY	1.00	x						0.	0			0
DIRECTOR	IE NATHANSON JURIS	1.50	<u> </u>						0.	0	•		0.
DIRECTOR		1.50	x						0.	0			Ο.
1b Subto	otal								548,244.	0		8,63	
	from continuation sheets to Part VII								0.	0			0.
	(add lines 1b and 1c)								548,244.	0	. 3	8,63	<u>31.</u>
	number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable			л
comp	ensation from the organization											Yes	4 No
3 Did th	e organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emplo	oyee on			
	a? If "Yes," complete Schedule J for su										3	$ \rightarrow $	X
	ny individual listed on line 1a, is the su											x	
	elated organizations greater than \$150 ny person listed on line 1a receive or a										4		
	red to the organization? If "Yes," com										5		х
	Independent Contractors			51 00		2010	011						
1 Comp	lete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	sation fr	om	
the or	ganization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	thin I		ear.			
	(A) Name and business	address	NC	ONE	2				(B) Description of se	ervices	Compe	C) ensatior	ı
					-						<u> </u>		
			_	_	_	_							
2 Total	number of independent contractors (ir	cluding but no	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	re than			
	000 of compensation from the organiz		-			0)		780			000	
SE	E PART VII, SECTION	A CONT	ΤN	UA'	ΤΓ	ΟN	S	нE	ETS		Form	990 (2	2021)

SEE PART VII, SECTION A CONTINUATION SHEETS
132008 12-09-21

Form 990 NATIONAL	DANCE I	NS	TI	TU	ΤE	N	М,	INC.	85-043	1846		
Part VII Section A. Officers, Directors, Tru	art VII Section A. Officers, Directors, Trustees, Key Em				nd H	lighe	est (
(A) Name and title	(B) Average hours	(cł		(C Posi all 1	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(27) TOM NICKOLOFF	1.50									0		
DIRECTOR (THROUGH JANUARY 2022)	1.00	Х						0.	0.	0.		
(28) SANDY SELIGMAN DIRECTOR		x						0.	0.	0.		
(29) CARRIE TERRELL	1.00											
DIRECTOR (THROUGH JUNE 2022)		Х						0.	0.	0.		
(30) KATIE THOMPSON DIRECTOR	1.00	x						0.	0.	0.		
(31) DAVID VOGEL	1.50											
DIRECTOR		Х						0.	0.	0.		
Total to Part VII, Section A, line 1c												

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		0 (2021) NATIONAL DANCE	INSTITU	JTE NM, INC	2.	85-0431	846 Page 9
Pa	rt V	/III Statement of Revenue					
		Check if Schedule O contains a response o	r note to any lin		(B)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	a Federated campaigns 1a	117,592.				
ant		b Membership dues 1b					
, Gi		c Fundraising events 1c	731,889.				
àifts ar A		d Related organizations 11					
s, G		e Government grants (contributions) 1e	907,107.				
tion sr Si	t	f All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	3,829,181.				
onti od C		g Noncash contributions included in lines 1a-1f	412,873.				
a C		h Total. Add lines 1a-1f	>	5,585,769.			
	~	a TUITION AND FEES	Business Code 611600	631,043.	631,043.		
vice	2	b SERVICE CONTRACTS	611600	561,544.	561,544.		
Serv		c SALES - TICKETS/MERCHANDISE	711130	63,961.	63,961.		
am (d		, -			
Program Service Revenue		e					
Pro	1	f All other program service revenue					
		g Total. Add lines 2a-2f		1,256,548.			
	3	(5					
		other similar amounts)		5,164.			5,164.
	4						
	5	Royalties					
	~	9 320	(ii) Personal				
		a Gross rents 6a 9,320. b Less: rental expenses 6b 10,361.					
		c Rental income or (loss) 6c -1,041.					
		d Net rental income or (loss)		-1,041.			-1,041.
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 10,829,037.					
	I	b Less: cost or other basis					
anı		and sales expenses					
svenue		c Gain or (loss) 7c 1,312,750.					
r Re		d Net gain or (loss)	►	1,312,750.			1312750.
Other Re	8	a Gross income from fundraising events (not					
0		including \$ 731,889. of					
		contributions reported on line 1c). See Part IV, line 18	32,150.				
		b Less: direct expenses	184,351.				
		c Net income or (loss) from fundraising events	►	-152,201.			-152,201.
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses9b					
		c Net income or (loss) from gaming activities	>				
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	Business Code				
snc	11	a PARTNERSHIP PASSTHROUGH INCOME	523000	134,162.		134,162.	
nec		b ADVERTISING REVENUE	711120	10,820.		3,732.	7,088.
ella		c STAFFING REVENUE	711120	1,386.		1,386.	
Miscellaneous Revenue		d All other revenue	711120	3,465.			3,465.
2		e Total. Add lines 11a-11d	►	149,833.			
	12	Total revenue. See instructions	►	8,156,822.	1,256,548.	139,280.	1175225.
13200	9 12-0	-09-21					Form 990 (2021

NATIONAL DANCE INSTITUTE NM, 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).

INC.

Da	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	208,429.	208,429.		
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	610,266.	211,936.	171,076.	227,254
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	2 221 425	0 114 100	4.65 0.00	
7	Other salaries and wages	3,231,496.	2,114,489.	465,329.	651,678
8	Pension plan accruals and contributions (include	E3 099	20 700	4 507	
_	section 401(k) and 403(b) employer contributions)	53,877.	39,789.	4,587.	9,501
9	Other employee benefits	440,874.	303,598.	44,177.	93,099
10	Payroll taxes	106,651.	66,200.	15,716.	24,735
11	Fees for services (nonemployees):				
	Management	178.	42.	58.	78
		79,745.	42.	79,745.	70
	Accounting	16,442.		16,442.	
	Lobbying	10,442.		10,442.	
	Professional fundraising services. See Part IV, line 17	95,990.		95,990.	
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	221,522.	125,007.	47,550.	48,965
12	Advertising and promotion	43,354.	17,115.	2,039.	24,200
13	Office expenses	139,363.	65,973.	17,564.	55,826
13 14	Information technology	180,316.	85,360.	22,725.	72,231
15	Royalties	1,379.	653.	174.	552
16	Occupancy	260,636.	193,710.	13,637.	53,289
17	Travel	111,959.	97,281.	10,618.	4,060
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100.	21.	66.	13
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	386,997.	287,623.	20,249.	79,125
23	Insurance	85,910.	18,034.	57,011.	10,865
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DIRECT PRODUCTION EXPEN	94,821.	68,453.		26,368
b	REPAIRS AND MAINTENANCE	35,337.	26,263.	1,849.	7,225
с	OTHER FEES AND CHARGES	14,435.	3,030.	9,579.	1,826
d	RECRUITMENT & HIRING EX	12,420.	2,607.	8,242.	1,571
е	All other expenses	18,766.	3,939.	12,454.	2,373
25	Total functional expenses. Add lines 1 through 24e	6,451,263.	3,939,552.	1,116,877.	1,394,834
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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NATIONAL DANCE INSTITUTE NM, INC.

		Check if Schedule O contains a response or note	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,487.	1	9,431.
	2	Savings and temporary cash investments			898,602.	2	982,006.
	3	Pledges and grants receivable, net			1,363,667.	3	1,571,957.
	4	Accounts receivable, net			1,233.	4	108,791.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	—			3,189.	9	3,949.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,401,923.			
	b	Less: accumulated depreciation		6,111,464.	8,668,660.	10c	8,290,459.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			42,546,924.	12	41,017,942.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		68,422.	15	65,780.	
	16	Total assets. Add lines 1 through 15 (must equa			53,564,184.	16	52,050,315.
	17	Accounts payable and accrued expenses			163,734.	17	192,926.
	18	Grants payable				18	
	19	Deferred revenue	255,182.	19	298,711.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrelation	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pay	/ables	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			418,916.	26	491,637.
		Organizations that follow FASB ASC 958, chee	ck here	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			32,579,006.	27	28,810,445.
Ba	28	Net assets with donor restrictions			20,566,262.	28	22,748,233.
pur		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 🗌			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated inc		E E E E E E E E E E E E E E E E E E E		31	
Nei	32	Total net assets or fund balances		L	53,145,268.	32	51,558,678.
	33	Total liabilities and net assets/fund balances			53,564,184.	33	52,050,315.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Form	990 (2021) NATIONAL DANCE INSTITUTE NM, INC.	85-0	431846	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,156		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,451		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,705		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,145		
5	Net unrealized gains (losses) on investments	5	-3,157	,98	37.
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 on Schedule O)	9	-134	1,16	<u>52.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	51,558	3,61	/8.
Pa	rt XII Financial Statements and Reporting				
	Check 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: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			E arma		0001

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of th	e organization	
------------	----------------	--

Nam	ne of	the organization							identification number
Da				INSTITUTE N					5-0431846
	rt I	Reason for Public (see instructions	S.	
The	orgar	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:				-		-	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exen	• • • •					-	•
		income and unrelated busir	• • •	•				• •	•
		See section 509(a)(2). (Co		. ,		•	, ,		
11		An organization organized		vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized		•	•			ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section 5	i09(a)(3). (Check the box on
		lines 12a through 12d that							
а		Type I. A supporting orga	• •					-	giving
		the supported organization		-	• • •	-			
		organization. You must o			, ,				
b		Type II. A supporting org	-		tion with its	s supporte	ed organizatior	n(s), by hav	rina
-		control or management of	-				-		-
		organization(s). You mus						,ee ealpr	
с		Type III functionally inte			in connect	ion with, a	and functionall	v integrate	d with
-		its supported organizatio						,	u ,
d		Type III non-functionally		-				ted organiz	ration(s)
-		that is not functionally int	• •					Ũ	
		requirement (see instruct			•		-	anatonin	
e		Check this box if the orga	,	•				I Type III	
Ū		functionally integrated, or					, i jpe i,	,, , , , po	
f	Ente	er the number of supported of							
' a		vide the following information	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions)					
Tota	al								

Schedule	A (Form 990)) 2021
Part II	Suppor	t Sc

NATIONAL DANCE INSTITUTE NM, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	3798729.	2875742.	3841192.	8807617.	5585769.	24909049.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	3798729.	2875742.	3841192.	8807617.	5585769.	24909049.
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)						8646892.
	Public support. Subtract line 5 from line 4.						16262157.
	ction B. Total Support						(1) - (1)
	ndar year (or fiscal year beginning in)	(a) 2017 3798729.	(b) 2018 2875742.	(c) 2019 3841192.	(d)2020 8807617.	(e) 2021	(f) Total 24909049.
	Amounts from line 4	5790729.	20/5/42.	3041192.	000/01/.	5565769.	24909049.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	567,505.	375,692.	132,396.	15,257.	14,484.	1105334.
•	and income from similar sources	507,505.	575,092.	152,590.	13,237.	14,404.	1105554.
9	Net income from unrelated business						
	activities, whether or not the	27,410.	36,168.	31,087.	59,584.	121,478.	275,727.
10	business is regularly carried on	27,410.	50,100.	51,007.	<u> </u>	121,470.	213,121.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.) Total support. Add lines 7 through 10						26290110.
	Gross receipts from related activities,					12 7	,380,899.
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax y		· · · · ·	/500/055
10	organization, check this box and stor	0					
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	61.86 %
	Public support percentage from 2020		-			15	64.05 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s >
						Schedule A	(Form 990) 2021

132022 01-04-22

Sec	ction A. Public Support		·				·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	merchandise sold or services per- formed, or facilities furnished in						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Ŭ						
	, ,						
b							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
b							
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c							
	Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	Other income. Do not include gain or loss from the sale of capital						
13	· · · · · · · · · · · · · · · · · · ·			1			
	•• • • • • • •	e organization's fi	rst. second third	fourth, or fifth tax	vear as a section !	501(c)(3) organizatio	on.
		-			•		
Sec							
	•			column (f))		15	%
	1 Gifts grants. contributions, and membership term admissions. 2 Grass meeting from admissions. 3 Grass meeting from admissions. 3 Grass meeting from admissions. 4 Grass meeting from admissions. 4 Grass meeting from admissions. 5 The value of services part from admissions. 5 The value of services are facilities. 4 This was an to the mutated trade of the organization of its bahaff or expended on its expended on its bahaff or expended on its bahaff or expended on its bahaff or expended on its expend						
							///
	•			ine 13, column (f))		17	%
	Insider year to find a year to gamma (i) ►						
190		-					
L		•	•				
		•			•		
00							
		n dia not check a	box on line 14, 19	a, or 190, check t	nis box and see in		
13202	23 01-04-22		19)		Schedule A	4 (FUIII 990) 2021

(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.)

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^{2021.05080} NATIONAL DANCE INSTITUTE 618309_1

NATIONAL DANCE INSTITUTE NM, INC.

1

2

Yes No

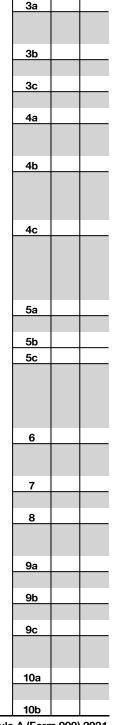
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

132024 01-04-21



Schedule A (Form 990) 2021

20

Schedule A (Form 990) 2021 NATIONAL DANCE INSTITUTE NM, INC. 85-0431846 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of the following persons? Image: Control of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control of the following person? Image: Control of the following person? b A family member of a person described on line 11a above? Image: Control of the following person? Image: Control of the following person? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide Image: Control of the following person?

<u>detail in Part VI.</u> Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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. Section C. Type II Supporting Organizations

 1
 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)

	bortea organi	20110/113/.	
Section D.	. All Type I	II Supporting	Organizations

			Yes	No
1	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?	1		
2	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).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

21

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b 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.*

2a ______ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2021

Yes No

11c

2

No

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	lizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete	Sections A through E.	1
Sect	ion 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		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting orga	nization (see

NATIONAL DANCE INSTITUTE NM, INC.

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	i
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	r	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

NATIONAL DANCE INSTITUTE NM, INC.

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	NATIC	NAL DANC	E INSTITU	TE NM, I	NC.	85-0431846	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. lines 1, 2, 3b, 3c, tion D, lines 2 and	Provide the expla 4b, 4c, 5a, 6, 9a 3; Part IV, Sectio	anations required l , 9b, 9c, 11a, 11b, on E, lines 1c, 2a,	by Part II, line 10 and 11c; Part IV 2b, 3a, and 3b;); Part II, line 17a or V, Section B, lines 1	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,
132028 01-04-2	2						Schedule A (Form 9	90) 2021

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule B

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

umber

Name of the organizati	ion	Employer identification n
Nume of the organizati		
	NATIONAL DANCE INSTITUTE NM, INC.	85-0431846
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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 foundation	
	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ial Rule. See instructions.
General Rule		
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to n any one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 509(contributor, c	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 luring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of 00-EZ, line 1. Complete Parts I and II.	b, and that received from any one
contributor, d literary, or ed	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received luring the year, total contributions of more than \$1,000 exclusively for religious, charitab ucational purposes, or for the prevention of cruelty to children or animals. Complete Par mn (b) instead of the contributor name and address), II, and III.	ble, scientific,

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, 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 \$5,000 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

NATIONAL DANCE INSTITUTE NM, INC.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$ <u>2,022,470.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$ <u>426,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$318,030.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll On Complete Part II for noncash contributions.)

12230519 146892 618309

Employer identification number

85-0431846

NATIO	NAL DANCE INSTITUTE NM, INC.		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
3	1890 SHARES OF JP MORGAN CHASE	_	
		\$318,030	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021)

$12230519 \ 146892 \ 618309$

27 2021.05080 NATIONAL DANCE INSTITUTE 618309_1

Schedule B (Form 990) (2021) Name of organization

Employer identification number

	B (Form 990) (2021) rganization		Page 4 Employer identification number
NATION Part III	NAL DANCE INSTITUTE NM		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns	s (a) through (e) and the following line entry us, charitable, etc., contributions of \$1,000 or le	y. For organizations PSS for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
-	Transferee's name, address	(e) Transfer of gift	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
		-	
-	Transferee's name, address	(e) Transfer of gift , 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
		_	
-	Transferee's name, address		Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address		Relationship of transferor to transferee
123454 11-11	I-21		Schedule B (Form 990) (2021)

12230519 146892 618309

SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047		
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527					2021	
Department of the Treasury	▶ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.					
Internal Revenue Service						
 Section 501(c)(3) org 	anizations: Com	Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not com 1(c)(3)) organizations: Complete P	plete Part I-C.		Activities), then	
 Section 527 organiz 	ations: Complete	Part I-A only.				
		Form 990, Part IV, line 4, or For				
	•	nave filed Form 5768 (election und	()/	•	•	
		nave NOT filed Form 5768 (election	. ,	<i>,</i> ,	•	
If the organization ans Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form 990	-EZ, Part V, line 35c (Proxy	
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.				
Name of organization				Emp	oloyer identification number	
	NATIONA	L DANCE INSTITUTE	NM, INC.		85-0431846	
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c) o	or is a section 527 or	rganization.	
		ation's direct and indirect political			•	
2 Political campaign	, ,				\$	
3 Volunteer hours for	political campaig	gn activities				
Part I-B Compl	ete if the org	anization is exempt under	r section 501(c)(3	3).		
1 Enter the amount o	f any excise tax i	incurred by the organization unde	r section 4955		\$	
2 Enter the amount o	f any excise tax i	incurred by organization managers			\$	
	•	n 4955 tax, did it file Form 4720 fo				
4a Was a correction m						
b If "Yes," describe in						
Part I-C Compl	ete if the org	anization is exempt under	r section 501(c), e			
		by the filing organization for sect			\$	
	0 0	ization's funds contributed to othe	er organizations for sec			
exempt function ac				▶	\$	
•	•	. Add lines 1 and 2. Enter here and			¢	
		1120-POL for this year?			⇒Yes □ No	
00		ployer identification number (EIN)		tical organizations to whic		
made payments. For contributions received	or each organizat ved that were pro	tion listed, enter the amount paid to popptly and directly delivered to a standitional space is needed, provid	from the filing organiza separate political organ	ation's funds. Also enter th nization, such as a separa	ne amount of political	
· · ·	. ,	• • •	1	Т		
(a) Name	3	(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. LHA

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	NATION	AL DA	NCE INSTITUT	TE NM, INC.		431846 Page 2	
Part II-A Complete if the org	anizatior	n is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under	
section 501(h)).							
	-		iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
expenses, and shar B Check ► if the filing organiza			d "limited control" pro	visions apply			
	ts on Lobb				(a) Filing organization's	(b) Affiliated group totals	
(The term "expend	totals	totalo					
1a Total lobbying expenditures to influ	1a Total lobbying expenditures to influence public opinion (grassroots lobbying)						
b Total lobbying expenditures to influ	uence a legi	slative bod	y (direct lobbying)		16,442.		
c Total lobbying expenditures (add li	nes 1a and	1b)			16,442.		
d Other exempt purpose expenditure	es				5,032,751.		
e Total exempt purpose expenditure	s (add lines	1c and 1d)			5,049,193.		
f Lobbying nontaxable amount. Ente	er the amou	nt from the	following table in both	n columns.	402,460.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable amo	ount is:			
Not over \$500,000			he amount on line 1e.				
Over \$500,000 but not over \$1,000			0 plus 15% of the exce				
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce				
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exces	s over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000.				
					100 615		
g Grassroots nontaxable amount (en		,			100,615.		
h Subtract line 1g from line 1a. If zero					0.		
i Subtract line 1f from line 1c. If zeroj If there is an amount other than zero			ino 1i, did tho organiza		0.		
reporting section 4911 tax for this					Г	Yes No	
	-		raging Period Under		L		
(Some organizations th	hat made a	section 50		nave to complete all o	of the five columns be	low.	
	Lobb	ying Exper	ditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2	018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
2a Lobbying nontaxable amount	413	,553.	395,009.	364,105.	402,460.	1,575,127.	
b Lobbying ceiling amount							
(150% of line 2a, column(e))						2,362,691.	
c Total lobbying expenditures	16	,416.	16,484.	16,426.	16,442.	65,768.	
d Grassroots nontaxable amount	103	,388.	98,752.	91,026.	100,615.	393,781.	
e Grassroots ceiling amount							
(150% of line 2d, column (e))						590,672.	
f Grassroots lobbying expenditures					Cabad	lle C (Form 990) 2021	
					Schedu		

C (Form 990) 2

132042 11-03-21

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 1i below, provide in Part IV a detailed description		(a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
	501(0)(0).			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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	'No" OR (b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
-	Total				
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
	t IV Supplemental Information				
Provi	de 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	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D)
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Department of the Treasury

(Form	990)
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Supplemental Financial Statements

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.

Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service
Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

Employer identification number 85 - 0431846

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	imilar Funds or A	ccounts. c	omplete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.			
		(a) Donor advised	d 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 v	writing that the assets hel	d in donor advised fun	ds	
	are the organization's property, subject to the organization's	exclusive legal control?		l	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used o	only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	y other purpose confer	ring	
_	impermissible private benefit?				Yes No
Par			s" on Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization		1		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a hist		
	Protection of natural habitat		Preservation of a cert	ified historic st	ructure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ition in the form of a co		
	day of the tax year.				the End of the Tax Year
	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
-	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	erminated by the organ	ization during	the tax
	year ▶				
4	Number of states where property subject to conservation eas		and the second line of the		
5	Does the organization have a written policy regarding the per			ſ	
~	violations, and enforcement of the conservation easements it		d opforoing concorreti		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, an	d enforcing conservation	on easements (uning the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and and	intraina concernation of	aamanta durin	a tha waar
7	Amount of expenses incurred in monitoring, inspecting, hand	and en	orcing conservation ea	ISEMENTS GUNIT	y the year
8	Does each conservation easement reported on line 2(d) abov	a caticfy the requirement	r of coction $170(h)(4)(R$) <i>(</i> i)	
U	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
Ũ	balance sheet, and include, if applicable, the text of the footr				
	organization's accounting for conservation easements.	ioto to the organization o			
Par		f Art, Historical Trea	asures, or Other S	Similar Asse	ets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and bal	ance sheet wo	rks
	of art, historical treasures, or other similar assets held for put	olic exhibition, education,	or research in furthera	nce of public	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works	of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public serv	vice,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			. 🕨 \$	0.
					36,000.
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$	0.
	Assets included in Form 990, Part X				0.
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Sched	ule D (Form 990) 2021
132051	10-28-21				

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	~ -	 ~	~	 	

Sche		L DANCE INS							31846		_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similaı	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, checł	any of the f	ollowing tha	t make sig	nificant u	use of its			
	collection items (check all that apply):										
а	X Public exhibition	d	I 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e			515						
c	Preservation for future generations	·									
4	Provide a description of the organization's co	lloctions and ovalair	how th	ov furthor th	o organizativ	on's oxomi	at purpo	so in Dart	VIII		
5	During the year, did the organization solicit o							se in r ar	AIII.		
5									Yes	v	
Par	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
1 41	reported an amount on Form 990, Par			eorganizatio	n answereu	Tes onr	0111 990	, Fart IV,	iii ie 9, 0i		
			ion (for	oontribution:	or other co	ooto not in	aludad				
Та	Is the organization an agent, trustee, custodi										7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	able:					Amount		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						lf				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liability	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								1		
		(a) Current year		Prior year	(c) Two yea			ears back			
1a	Beginning of year balance	42,740,454.	30	,374,650.	27,84	8,182.	28,4	95,802.	26,	204,	368.
b	Contributions	2,281,172.	5	,901,290.	72	6,098.	1	40,180.	1,	500,	000.
с	Net investment earnings, gains, and losses	-1,742,054.	7	,019,991.	3,23	2,202.	5	51,375.	2,	009,	351.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	2,447,596.		493,600.	1,43	1,832.	1,2	83,906.	1,	217,	917.
f	Administrative expenses	109,220.		61,877.				55,269.			
g	End of year balance	40,722,756.	42	,740,454.	30,37	4,650.	27,8	48,182.	28,	495,	802.
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1)	a. column (a)) held as:						
	Board designated or quasi-endowment	47.5000	%	5,	,						
b	Permanent endowment ► 52.5000	%	_/*								
		/°									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	· -									
30	Are there endowment funds not in the posse		tion the	t are held ar	nd administer	red for the	organiza	ation			
ou		ssion of the organiza					organize		Г	Yes	No
	by: (i) Unrelated organizations								3a(i)	X	
											x
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3a(ii)		
		•							3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment	unas.							
I ai	Complete if the organization answere) Dort IV	/ lino 110 S	oo Eorm 000	Dort V li	no 10				
				, I					() = .		
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	valu	е
		basis (investn	nent)	Sized	(other)	aepi	reciation				
	Land			10.00	0 4 4 1	A 1	00.0	4.0	0 1 0 0		
	Buildings			12,38	8,441.	4,1	98,84	48.	8,189	1,5	33.
с	Leasehold improvements			1 1 1	0 5 5 4		<u> </u>				
d	Equipment				0,551.		28,54				04.
е	Other			60	2,931.	5	84,00	69.			62.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, colur	nn (B), line 1(0c.)				8,290),4	59.
								Schedule	D (Form	990)	2021

Schedule D (Form 990) 2021 NATIONAL DAN	ICE INSTITUTE	NM, INC. 8	5-0431846 Page 3
Part VII Investments - Other Securities.		-	
Complete if the organization answered "Yes" o	on Form 990, Part IV, line 1	1b. 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 e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PRIVATE EQUITY FUNDS	14,953,701.	END-OF-YEAR MARKE	r value
(B) REAL ESTATE FUNDS	3,959,137.	END-OF-YEAR MARKE	
(C) FIXED INCOME FUNDS	7,415,134.	END-OF-YEAR MARKE	
(D) DIVERSIFYING FUNDS	4,233,820.	END-OF-YEAR MARKE	
(E) CLOSED END FUNDS	10,456,150.	END-OF-YEAR MARKE	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	41,017,942.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-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" o		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	13.]		• I
Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 2	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 t	,		that reports the
		re if the text of the footnote has been p	

Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 NATIONAL DANCE INSTITUTE N		85-0431846 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.	<u>.</u>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2 a	
b	Donated services and use of facilities	2 b	
С	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
I D	t 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 AR	T IS DISPLAYED
---	--------	----------------

THROUGHOUT THE BUILDINGS TO PROVIDE INSPIRATION TO THE STUDENTS, STAFF,

AND PUBLIC.

PART V, LINE 4:

ANNUAL SUPPORT FOR OPERATIONS AND SCHOLARSHIPS

PART X, LINE 2:

NDI NEW MEXICO IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED

BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. NDI

35

Schedule D (Form 990) 2021

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12230519 146892 618309
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Schedule D (Form 990) 2021 Part XIII Supplemental	NATIONA		INSTITU	JTE NM,	INC.	85-0431846 Page 5
NEW MEXICO HAD NO			BENEFIT	S WHICH	WOULD REQU	IRE AN
ADJUSTMENT AS OF	AUGUST 31,	2022 OF	AUGUST	31, 20	21. NDI NEW	MEXICO FILES
AN EXEMPT ORGANI						
THE STATE OF NEW						
						Schedule D (Form 990) 2021

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990) 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.							or if the	2021	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								
Name of the organization	anization Employer 85-04							identification number 31846	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not	
•		 ed funds through any of the followin	g activ	rities. (Check all that apply.				
a Mail solicitations e Solicitation of non-government grants									
c Phone solici		g 🛄 Special	fundra	using	events				
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with p					Yes	s 🗌 No	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	ne fur	ndraiser is to b	e	
			(;;;)	Did		60	Amount paid		
(i) Name and addres		(ii) Activity	have c	(iii) Did fundraiser have custody		tò (c	Amount paid or retained by)	(vi) Amount paid to (or retained by) organization	
or entity (fund	draiser)		or control of contributions?		from activity		fundraiser ted in col. (i)		
			Yes	No	-				
Total									
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re	gistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021	

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NATIONAL DANCE INSTITUTE NM, INC.

85-0431846 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
υ			(event type)	(event type)	(total number)	col. (c))
aniiaaau	1	Gross receipts	764,039.			764,039
	2	Less: Contributions	731,889.			731,889
	3	Gross income (line 1 minus line 2)	32,150.			32,150
	4	Cash prizes				
	5	Noncash prizes	1,719.			1,719
222	6	Rent/facility costs	44,009.			44,009
	7	Food and beverages	68,997.			68,997
	8	Entertainment				3,278 66,348
	9	Other direct expenses			`	184,351
	10	Direct expense summary. Add lines 4 throu				-152,201
L	11					
	<u>11</u> rt I	Net income summary. Subtract line 10 from II Gaming. Complete if the organizatio	n answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
			n answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	-152,201
ai		II Gaming. Complete if the organizatio	n answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad
 ai		II Gaming. Complete if the organizatio	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
	1 1	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
	1 1	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
	1 2	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
	1 2	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (ad col. (a) through col. (
	1 2 3 4 5	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than	(d) Total gaming (ad
	1 2 3 4 5	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Point (c) Point	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad
	1 2 3 4 5 6	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	n answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bingo (1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad
	1 2 3 4 5 6 7	Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu	n answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bingo (1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? No **b** If "Yes," explain:

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Schedule G (Form 990) 2021

Schedule G (Form 990) 2021	NATIONAL	DANCE	INSTITUTE NN	1, INC.	85-0431846 Page 3
11 Does the organization conduct	gaming activities with	n nonmembe	ers?		
12 Is the organization a grantor, be	eneficiary or trustee o	f a trust, or	a member of a partnersh	ip or other entity formed	ı
to administer charitable gaming					Yes No
13 Indicate the percentage of game	ing activity conducte	d in:			
a The organization's facility					
b An outside facility					
14 Enter the name and address of	the person who prep	ares the org	anization's gaming/spec	ial events books and rec	cords:
Name					
Address 🕨					
15a Does the organization have a co	ontract with a third pa	arty from wh	nom the organization reco	eives gaming revenue?	Yes No
b If "Yes," enter the amount of ga	ming revenue receive	ed by the or	ganization 🕨 \$	and the a	amount
of gaming revenue retained by t					
c If "Yes," enter name and address					
Name 🕨					
Address 🕨					
16 Gaming manager information:					
Name 🕨					
Gaming manager compensatior	n 🕨 \$				
-					
Description of services provided	▶				
		F			
Director/officer	Employee	L	Independent contrac	ctor	
17 Mandatory distributions:					
a Is the organization required und	ler state law to make	charitable d	distributions from the gar	ning proceeds to	
retain the state gaming license?	,				Yes No
b Enter the amount of distribution	•		distributed to other exer	npt organizations or spe	nt in the
organization's own exempt activ			tions required by Dart I	ling 2h, golumna (iii) and	(v); and Part III, lines 9, 9b, 10b,
			additional information. Se		(v), and Part III, intes 9, 90, 100,
132083 10-21-21					Schedule G (Form 990) 202
			39		

Schedule	G (Form 990)	NATIONAL D	ANCE	INSTITUTE	NM,	INC.	85-0431846	Page 4
Part IV	Supplemental Info	ormation (continued)						
							Schedule G (For	rm 990)
132084 11-18	8-21							

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2021.05080 NATIONAL DANCE INSTITUTE 618309_1

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organiz	ation	Go Comple	Frants and Oth vernments, an ete if the organization ► Go to www.ir TITUTE NM,	nd Individual n answered "Yes" Attach to For s.gov/Form990 for	I s in the Uni on Form 990, Pa m 990.	ted States t IV, line 21 or 22.		OMB No. 1545-0047 2021 Open to Public Inspection Employer identification number 85-0431846
	Information on Grants a							
criteria used to 2 Describe in Pa	nization maintain records t o award the grants or assis Int IV the organization's pro	stance?	oring the use of grant	funds in the United	l States.	-		X Yes No
	and Other Assistance to I t that received more than \$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total nur	nber of section 501(c)(3) and the section solution of other organizations and participation of the section of t	s listed in the line 1	table					

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

Schedule I (Form 990) 2021

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, 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, appraisal, other)	(f) Description of noncash assistance
LIDING SCALE TUITION ASSISTANCE	736	197,495.	0.	FMV OF TUITION	
ADVANCED TRAINING SCHOLARSHIPS	7	10,934.	0.	FMV OF 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	Compensation Information		OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Ē	20	01	
	Compensated Employees		20		l
Department of the Tre	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to		ic
Internal Revenue Serv			Inspe		
Name of the org			identificatio		nber
	NATIONAL DANCE INSTITUTE NM, INC.	85-0)43184	6	
Part I Qu	stions Regarding Compensation				
				Yes	No
	opropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
·	tion A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	Ass or charter travel Housing allowance or residence for perso				
	or companions				
	emnification and gross-up payments Health or social club dues or initiation fee ionary spending account Personal services (such as maid, chauffe				
	ionary spending account Personal services (such as maid, chauffer	ur, chei)			
b If any of the	boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
-			1b		
	nization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	d officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate wł	ch, if any, of the following the organization used to establish the compensation of the organization's	s			
	ive Director. Check all that apply. Do not check any boxes for methods used by a related organizati				
	mpensation of the CEO/Executive Director, but explain in Part III.				
	nsation committee				
	ndent compensation consultant X Compensation survey or study				
	90 of other organizations IN Approval by the board or compensation of	committee			
4 During the	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organizatio	or a related organization:				
a Receive a s	verance payment or change-of-control payment?		4a		X
b Participate	n or receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate	n or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
•	n the revenues of:		_		v
	ation?				X X
	prganization?		<u>5b</u>		
	ne 5a or 5b, describe in Part III. listed on Form 999. Bart VII. Section A, line 1a, did the excentration pay or ecory on parterior and componenti	22			
	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation the pat complexe of	ווכ			
-	n the net earnings of: ation?		6a		x
	ation?				X
	organization? ne 6a or 6b, describe in Part III.				
	listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	s			
	d on lines 5 and 6? If "Yes," describe in Part III		7	х	
	nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		x
	ne 8, did the organization also follow the rebuttable presumption procedure described in				
	section 53.4958-6(c)?		9		
	vork Reduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2021
-					

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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RUSSELL BAKER	(i)	169,676.	17,851.	0.	3,751.	9,222.	200,500.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 EXECUTIVE DIRECTOR'S BONUS WAS APPROVED BY THE BOARD DUE TO THE OVERALL

PERFORMANCE FOR THE FISCAL YEAR AND HIS MANAGEMENT OF THE OVERALL AGENCY

DURING COVID AND HIS CREATIVE SOLUTIONS PROVIDED TO CONTINUE THE MISSION OF

NDI. IT WAS BASED OFF OF 10% OF HIS ANNUAL COMPENSATION. THE DIRECTOR OF

ADVANCEMENT AND THE ARTISTIC DIRECTOR'S BONUSES WERE PROVIDED AS INCENTIVES

FOR EXCELLENT PERFORMANCE FOR REACHING THEIR FUNDRAISING GOALS AND

PROGRAMMATIC GOALS OVER A GIVEN TIME PERIOD. THESE WERE A FLAT BONUS OF

\$3,000 AS A REWARD FOR GOOD WORK.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. - 000

	I Revenue Service Go to www.irs.gov/	Form990 fo	r instructions and	the latest information.		Inspe		
Name	e of the organization				Employer	identificati	on nur	nber
	NATIONAL DAN	CE INS	TITUTE NM.	, INC.		5-0431		
Par				11.07		0101	0 1 0	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of determin ntribution ar		S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		4,096.	FAIR MARI	KET VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	4	387,333.	FAIR MARI	KET VA	LUE	
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							
19	Food inventory	Х	3	7,084.	FAIR MARI	KET VA	LUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (RENTALS)	X	3	8,997.	FAIR MARI	KET VA	LUE	
26	Other (GIFT CARDS)	X	5		FAIR MARI			
27	Other (IT EQUIPMENT)	X	2		FAIR MARI			
28	Other ()			_,				
29	Number of Forms 8283 received by the organiz	ration during	the tax year for co	ontributions				
	for which the organization completed Form 828	-					0 Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period?					<u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	-	•	tions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				37
	contributions?					32a		_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) 2021

132141 11-17-21

b If "Yes," describe in Part II.

<u>Schedule M</u>	(Form 990) 2021	<u>NATIONAL</u>	DANCE	INSTITUTE	NM,	INC.	85-0431846	Page 2
Part II	Supplemental is reporting in Part this part for any ac	I Information. t I, column (b), the	Provide the number of c	information require contributions, the nu	d by Par umber of	t I, lines 30b, 32 f items received	2b, and 33, and whether the organizati , or a combination of both. Also comp	ion lete
132142 11-17-2	1						Schedule M (Form	990) 2021

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

NATIONAL DANCE INSTITUTE NM, INC.

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

STUDENT HEALTH, SCHOOL ATTENDANCE AND RETENTION.

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

OTHER PROGRAMS - TRAIN THE TRAINER AND TEACHING EXCELLENCE EDUCATE

INSTRUCTORS AND SCHOOLTEACHERS IN THE PROVEN EDUCATIONAL METHODOLOGY OF

NDI-NM. SUMMER INSTITUTES ALLOW STUDENTS TO CONTINUE CLASSES IN THE

NDI-NM METHODOLOGY IN A CAMP FORMAT DURING THE SUMMER. THE SNACK

CURRICULUM FOCUSES ON HEALTH AND NUTRITION EDUCATION. HIP TO BE FIT IS

A PROGRAM THAT FOCUSES ON THE HEALTH BENEFITS OF EXERCISE AND HEALTHY

EATING. IN ADDITION, EVALUATION EXPENSES ARE INCLUDED. (121 STUDENTS

SERVED THROUGH OTHER PROGRAMS)

EXPENSES \$ 535,621. INCLUDING GRANTS OF \$ 0. REVENUE \$ 88,696.

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

 STAFF PREPARES SCHEDULES FOR THE AUDIT FIRM TO PREPARE THE FORM 990. AFTER

 THE 990 IS COMPLETED BY THE AUDIT FIRM, NDI NEW MEXICO SENIOR STAFF REVIEWS

 THE FORM. AFTER ANY ADJUSTMENTS ARE MADE, THE AUDIT AND FINANCE COMMITTEES

 THEN REVIEW THE FORM 990. AFTER ANY ADDITIONAL ADJUSTMENTS ARE MADE, THE

 BOARD OF DIRECTORS RECEIVES A PUBLIC DISCLOSURE COPY OF THE FORM AND IS

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

132211 11-11-21

48

Name of the organization	Employer identification number
	85-0431846
NATIONAL DANCE INSTITUTE NM, INC.	05-0451040
PROVIDED THE OPPORTUNITY TO REVIEW AND/OR SUGGEST CHANGES	A MEETING OF THE
BOARD IS HELD TO APPROVE THE 990. IF ADDITIONAL CHANGES AN	RE REOUESTED, THE
	,
FINANCE AND AUDIT COMMITTEES ARE AUTHORIZED TO CONDUCT A H	INAL REVIEW TO
ENSURE THAT THE DOCUMENT IS COMPLETE AND ACCURATE. ONLY AN	TER THIS IS THE
ENSURE THAT THE DOCUMENT IS COMPLETE AND ACCORATE: ONLY A	IEK INIS IS INE

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 GOVERNANCE 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 DIRECTOR'S 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 132212 11-11-21 Schedule O (Form 990) 2021 49

12230519 146892 618309

2021.05080 NATIONAL DANCE INSTITUTE 618309_1

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL DANCE INSTITUTE NM, INC.	Employer identification number 85-0431846
LAST DONE IN AUGUST 2022. THE EXECUTIVE DIRECTOR SETS SALA	RIES FOR OFFICERS
AND KEY EMPLOYEES AS PART OF THE ANNUAL BUDGET PROCESS. CO	MPARABLE DATA
FROM SIMILAR-SIZED ORGANIZATIONS IS USED TO HELP DETERMINE	THESE SALARIES.
THE BUDGET IS THEN REVIEWED BY THE FINANCE COMMITTEE AND A	PPROVED BY THE
BOARD OF DIRECTORS. THIS PROCESS IS DOCUMENTED AND WAS LAS	T DONE IN AUGUST
2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND

FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST - TYPICALLY TO GRANT-MAKING

AND GOVERNMENT FUNDING SOURCES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PARTNERSHIP PASSTHROUGH INCOME NOT REPORTED IN FINANCIAL

STATEMENTS

-134,162.

132212 11-11-21

SCH	IEDULE R
	1

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 85 - 0431846

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

NATIONAL DANCE INSTITUTE NM, INC.

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 CAMINO ALIRE LLC - 81-3972451	TO SUPPORT AND MAKE				NATIONAL DANCE
1140 ALTO STREET	DISTRIBUTIONS TO NATIONAL				INSTITUTE - NEW MEXICO,
SANTA FE, NM 87501	DANCE INSTITUTE - NEW	NEW MEXICO	-27,038.	665,500.	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	Legal domicile (state or Exem	(d) Exempt Code section	Exempt Code	Exempt Code	Exempt Code	Exempt Code	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))	501(C)(3))	501(C)(3))		Yes	No		

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 NATIONAL DANCE INSTITUTE NM, INC.

85-0431846 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or F ging er?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
]											
	1											
	1											
	1											
	4											

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	(C) Legal domicile (state or foreign	(d) Direct controlling entity	rolling Type of entity Share	(f) (g) Share of total income assets		(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?	
		country)		0				Yes	No	
									\square	

Schedule R (Form 990) 2021 NATIONAL DANCE INSTITUTE NM, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		\square
<u> </u>	Other transfer of cash or property from related organization(s)	1s		
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.			

Nam	(a) e of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
_(6)				

Schedule R (Form 990) 2021 NATIONAL DANCE INSTITUTE NM, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

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 LLC

PRIMARY ACTIVITY: TO SUPPORT AND MAKE DISTRIBUTIONS TO NATIONAL DANCE

INSTITUTE - NEW MEXICO

Schedule R (Form 990) 2021

132165 11-17-21

Form 8879-TE	****	THIS IS NOT A FIL IRS e-file Signature for a Tax Exen	EABLE COPY ***** Authorization	ļ	OMB No. 1545-0047
Form OOT 9 -1L		D21, or fiscal year beginning SEP 1		an 22	0004
	For calendar year 20	Do not send to the IRS. Keeping		, 20 <u>2</u> <u>2</u>	2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE			
Name of filer				EIN or SSN	
	NAL DANCE	INSTITUTE NM, INC.			431846
Name and title of officer or		RUSSELL BAKER		05_04	191010
		EXECUTIVE DIRECTO	R		
Part I Type of	FReturn and R	eturn Information			
Form 5330 filers may end or 10a below, and the ar whichever is applicable, than one line in Part I.	er dollars and cent nount on that line f blank (do not enter	are using this Form 8879-TE and ente s. For all other forms, enter whole dol or the return being filed with this form -0-). But, if you entered -0- on the retu	llars only. If you check the box or n was blank, then leave line 1b, 2 urn, then enter -0- on the applicat	n line 1a, 2a, 2 b, 3b, 4b, 5b ble line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a Form 990 check		b Total revenue, if any (Form 99			
2a Form 990-EZ ch		b Total revenue, if any (Form 99			
3a Form 1120-POL	· _	b Total tax (Form 1120-POL, lin			
4a Form 990-PF ch		b Tax based on investment inc			4b
5a Form 8868 chec		b Balance due (Form 8868, line			5b
	ck here ► 🛛				
7a Form 4720 chec		b Total tax (Form 4720, Part III,			7b
8a Form 5227 chec		b FMV of assets at end of tax	year (Form 5227, Item D)		8b
9a Form 5330 chec	k here ▶	b Tax due (Form 5330, Part II, li	ine 19)		9b
10a Form 8038-CP		b Amount of credit payment re			10b
	•	Ature Authorization of Office	•		
entry to the financial inst financial institution to de later than 2 business day payment of taxes to rece	itution account ind bit the entry to this rs prior to the paym ive confidential info umber (PIN) as my s y	J.S. Treasury and its designated Final icated in the tax preparation software account. To revoke a payment, I mus nent (settlement) date. I also authorize ormation necessary to answer inquirie signature for the electronic return and	of or payment of the federal taxes st contact the U.S. Treasury Fina e the financial institutions involve as and resolve issues related to the state of the state of the state of the state of the state of the state of the state of the st	owed on this ncial Agent at d in the proce he payment. I	return, and the 1-888-353-4537 no essing of the electronic have selected a withdrawal.
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state ag on the return's As an officer o return. If I have	ency(ies) regulating disclosure consen r person subject to e indicated within th	021 electronically filed return. If I have g charities as part of the IRS Fed/Stat t screen. tax with respect to the entity, I will en his return that a copy of the return is I er my PIN on the return's disclosure c	te program, I also authorize the a nter my PIN as my signature on t being filed with a state agency(ies	forementioned he tax year 20	d ERO to enter my PIN 021 electronically filed
		* THIS IS NOT A FIL	EABLE COPY ****	Date	
Part III Certific	ation and Auth	nentication			
ERO's EFIN/PIN. Enter	your six-digit electro	onic filing identification			
number (EFIN) followed b	by your five-digit se	If-selected PIN.	8533482222 Do not enter all zero		
-		PIN, which is my signature on the 202 e requirements of Pub. 4163, Moder	-		
ERO's signature 🕨			Date 🕨 0 5	/19/23	
		ERO Must Retain This Forr		_	
	Do Not S	Submit This Form to the IRS	Unless Requested To Do	o So	-
LHA For Privacy act an	nd Paperwork Red	uction Act Notice, see instructions			Form 8879-TE (2021)
102521 01-11-22		56			

2021.05080 NATIONAL DANCE INSTITUTE 618309_1

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Туре о	r Name of exempt organization or other filer, see instru	uctions.		Taxpayer	identifica	tion number (TIN)		
print	NATIONAL DANCE INSTITUTE N	M, INC			85-0	431846		
File by the due date filing your	Number, street, and room or suite no. If a P.O. box, s							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA FE, NM 87501								
Enter th	ne Return Code for the return that this application is for (fil	le a separa	te application for each return)					
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07						
box 1 I ti	request an automatic 6-month extension of time until ne organization named above. The extension is for the org ▶ calendar year or	and atta	$\frac{x + 17}{x + 17} + \frac{2023}{x + 17} + \frac{2023}{x + 17} + \frac{2023}{x + 17} + \frac{17}{x + 17} + $	all memb	ers the ext	÷		
	Change in accounting period							
	3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 12,20							
	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\$12,26							
сE	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			-		
U	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.		
Cautio instruct	n: If you are going to make an electronic funds withdrawa ions.	l (direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 88	79-TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Forn	n 8868 (Rev. 1-2022)		

		EXTENDED TO JULY 17, 2023			
Form 990-T	E	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047	
		(and proxy tax under section 6033(e))		0004	
	For ca	endar year 2021 or other tax year beginning $\underline{ ext{SEP 1, 2021}}$, and ending $\overline{ ext{AUG 31, 20}}$	22	2021	
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	-	Open to Public Inspection for	
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(:		Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		oyer identification number	
B Exempt under section	Print	NATIONAL DANCE INSTITUTE NM, INC.		5-0431846	
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1140 ALTO STREET	E Group (see in	exemption number nstructions)	
408A 530(a) 529(a) 529A					
	С Во	ok value of all assets at end of year > 52,050,315.	\neg	an amended return.	
G Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust			
H Check if filing only to	• ►	Claim credit from Form 8941 Claim a refund shown on Form 2439			
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation			
J Enter the number of	attach	ed Schedules A (Form 990-T)		3	
K During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
If "Yes," enter the na	ame an	d identifying number of the parent corporation.			
		MARIYA FLORES Telephone number	505-	983-7646	
		d Business Taxable Income			
		ss taxable income computed from all unrelated trades or businesses (see	1	111,958.	
2 Reserved			2		
3 Add lines 1 and 2			3	111,958.	
4 Charitable contrib	utions (see instructions for limitation rules) STMT 1 STMT 2	4	33.	
5 Total unrelated bu	isiness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	111,925.	
6 Deduction for net	operati	ng loss. See instructions	6		
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.			
Subtract line 6 fro				111,925.	
		rally \$1,000, but see instructions for exceptions)		1,000.	
9 Trusts. Section 19	99A de	duction. See instructions	9		
10 Total deductions			10	1,000.	
11 Unrelated busine enter zero	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,	11	110,925.	
Part II Tax Com	putat	on			
1 Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	23,294.	
		ates. See instructions for tax computation. Income tax on the amount on			
Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	2		
3 Proxy tax. See ins	structio		3		
4 Other tax amounts	s. See i	nstructions	4		
5 Alternative minimu	um tax (trusts only)	5		
6 Tax on noncomp	liant fa	cility income. See instructions	6		
7 Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	23,294.	
LHA For Paperwork	Reduct	ion Act Notice, see instructions.		Form 990-T (2021)	

123701 07-06-22

Form 9	90-T (2021)				F	2 age
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	. 1a				
b	Other credits (see instructions)	1b				
с	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7			2 2	23,2	94.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8		Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	. 🕨		4 2	23,2	
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), li	line 4 🛄		5		0.
6a	Payments: A 2020 overpayment credited to 2021	. 6a				
b	2021 estimated tax payments. Check if section 643(g) election applies	6b	12,260.			
с	Tax deposited with Form 8868	<u>6c</u>				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	. 6d				
е	Backup withholding (see instructions)	. <u>6e</u>				
f	Credit for small employer health insurance premiums (attach Form 8941)	. 6f				
g	Other credits, adjustments, and payments: Form 2439	-				
	□ Form 4136 Other Total ►					
7	Total payments. Add lines 6a through 6g		<u></u>	7 1	12,2	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		► 🛄	8		53.
9			►	9	1,1	87.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	baid	►	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	-	Refunded 🕨	11		
Part			,			
1	At any time during the 2021 calendar year, did the organization have an interest in or	°.			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the c	•				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name of	the foreign country			
	here				_	X
2	During the tax year, did the organization receive a distribution from, or was it the gran					
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.		N			
3						
4	Enter available pre-2018 NOL carryovers here > \$ Do not in					
_	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a		•	•		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOI	-				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for				-	
	Business Activity Code		able post-2017 NOL ca		-	
	541800 \$ 541900 \$			<u>2,251.</u> 1,935.	-	
	1 T	φ		т,955.	-	x
6a	Did the organization change its method of accounting? (see instructions)					
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P	r, or for	III 1128? IT "NO,"			
Part	explain in Part V V Supplemental Information				1	
Tart						

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

		declare that I have examined aration of preparer (other than					wledge	e and belief, it is true,
Here	Signature of officer		Date	EXECU Title	TIVE DIR	ECTOR	the p	the IRS discuss this return with reparer shown below (see
	Print/Type preparer's	s name	Preparer's signature	• Tille	Date	Check	instru	uctions)? X Yes No
Paid		o namo	r roparor o orginataro			self- employ	ed	
Preparer	STEVEN TAI	LBOT	STEVEN TALE	OT	05/19/23			P01695427
Use Only	Firm's name 🕨 MC	OSS ADAMS L	LP			Firm's EIN		91-0189318
eee enily		6565 AMERICAS PARKWAY NE STE 600						
	Firm's address 🕨	Firm's address ALBUQUERQUE, NM 8711				Phone no.	50	5-878-7200
123711 01-31-2	22							Form 990-T (2021)

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FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL PARTNERS VII, L.P.	N/A		17.
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL SECONDARY PARTNERS II L.P.	N/A		16.
TOTAL TO FORM 990-T, PART I, L	INE 4		33.

FORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	2
~	CONTRIBUTIONS SUBJECT TO 100% CONTRIBUTIONS SUBJECT TO 25%	LIMIT LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBU YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020	TIONS		
TOTAL CARF TOTAL CURF	AYOVER ANT YEAR 10% CONTRIBUTIONS	33		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	33 11,096	_	
EXCESS 100	NTRIBUTIONS)% CONTRIBUTIONS ESS CONTRIBUTIONS	0 0 0	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		_	33
TOTAL CONT	TRIBUTION DEDUCTION			33

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

2021

Open to Public Inspection for	r
501(c)(3) Organizations Only	

3

Name of the organization Α NATIONAL DANCE INSTITUTE NM, INC.

541800 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business SPONSORS AND OTHER BUSINESSES ADVERTISE IN AN

1

of

B Employer identification number

85-0431846

D Sequence:

E [Describe the unrelated trade or business SPONSORS AND	OT	HER BUSINESSE	S ADVERTI	SE .	IN AN
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11	22,770.	19,0	38.	3,732.
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	22,770.	19,0	38.	3,732.
	rt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business income	come	9			must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses		·····		6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	E00
14	Other deductions (attach statement)				14	500.
15					15	500.
16	Unrelated business income before net operating loss deduction. Su					2 220
	column (C)				16	3,232.
17	Deduction for net operating loss. See instructions		STMT 4	STMT 7	17	2,251.

18 Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions. LHA

Schedule A (Form 990-T) 2021

18

981.

123741 01-28-22

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Schedu Part I	ule A (Form 990-T) 2021	asthad of investors and	ation		Page 2
1		nethod of inventory valu		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Ent				
9	Do the rules of section 263A (with respect to proper				Yes No
Part	IV Rent Income (From Real Property a	nd Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address, city	y, state, ZIP code). Cheo	ck if a dual-use. See inst	tructions.	
	A				
	в				
	c				
	D		1	1	
		Α	В	c	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	L			
					-
2	Total rante received or approved. Add line 26 column	a A through D. Entar ha	ro and an Dart L lina 6		0
3	Total rents received or accrued. Add line 2c column	s A through D. Enter he	re and on Part I, line 6,	column (A) 🕨 🕨	0.
	Deductions directly connected with the income		re and on Part I, line 6,	column (A) 🕨	0.
3 4			re and on Part I, line 6, .	column (A) 🕨	0.
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	 Enter here and on Part			
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	Enter here and on Part (see instructions)	I, line 6, column (B)	►	
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. V Unrelated Debt-Financed Income	Enter here and on Part (see instructions)	I, line 6, column (B)	►	
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Unrelated Debt-Financed Income Description of debt-financed property (street address	Enter here and on Part (see instructions)	I, line 6, column (B)	►	
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	Enter here and on Part (see instructions)	I, line 6, column (B)	►	
4 5 Part 	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions)	I, line 6, column (B)	►	0.
4 5 Part 	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D Unrelated Debt-Financed Income Description of debt-financed property (street address A B C C	Enter here and on Part (see instructions)	I, line 6, column (B)	►	
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D Unrelated Debt-Financed Income Description of debt-financed property (street address A B C C	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part \ 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part \ 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 <u>5</u> 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 <u>5</u> 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D Unrelated Debt-Financed Income Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D Unrelated Debt-Financed Income Description of debt-financed property (street address A B C C C C C C C C C C C C C C C C C C		I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 5 Part 1 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 <u>5</u> <u>Part 1</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 <u>5</u> <u>Part 1</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D Unrelated Debt-Financed Income Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 5 Part \ 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Unrelated Debt-Financed Income Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	Enter here and on Part (see instructions) s, city, state, ZIP code).	I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0.
4 5 Part \ 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		I, line 6, column (B) Check if a dual-use. Se	c	D
4 5 7 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Unrelated Debt-Financed Income Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)		I, line 6, column (B) Check if a dual-use. Se	c	0. 0.
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0. 0.
4 5 Part V 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Unrelated Debt-Financed Income Description of debt-financed property (street address A		I, line 6, column (B) Check if a dual-use. Se	ee instructions.	D
4 5 Part V 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Unrelated Debt-Financed Income Description of debt-financed property (street address A		I, line 6, column (B) Check if a dual-use. Se	ee instructions.	0. 0.
4 5 Part \ 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Unrelated Debt-Financed Income Description of debt-financed property (street address A		I, line 6, column (B) Check if a dual-use. Se B B Check if a dual-use. Se Check if a dual-use. S		0. 0.

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												1
Sched	ule A (Form 990-T) 2021 VI Interest, Annu	uition Dr	waltion and R	onto fron	n Control		aonization	• (-			F	Page 3
Part	VI Interest, Annu		byaities, and he		ii Control		Exempt Contro	,	ee instruct	,		
	1. Name of controlle	d	2. Employer	3. Net	unrelated	1	al of specified		art of colu		6. Deductions di	rectly
	organization						nents made	that is included in the		in the	connected with	
	C C	controll		rolling orga s gross inc			nn 5					
(1)												
(2)												
(3)												
(4)												
					Controlled O	-	ions					
7	7. Taxable Income		Net unrelated		otal of specif		10. Part of that is inc			11.	Deductions direc	ctly
			come (loss)	pa	yments mad	е	controlling	organi	zation's	in	connected with	10
		(See	e instructions)				gross	incon	ne		come in column 1	
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>							Add colum		nd 10	۸d	d columns 6 and	
							Enter here				er here and on Pa	
							line 8, c	columr	n (A)		line 8, column (B)	-
Totals						►			0.			0.
Part		Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	hization (s	ee ins	tructions)			
	1. Desc	cription of i	income		2. Amou	nt of	3. Deductio	ons	4. Set	asides	5. Total dedu	ctions
					incon	ne	directly conn (attach stater		(attach st	tatemer	nt) and set-asi (add cols 3 a	
(1)												
(2)												
(3)												
(4)												
					Add amou column 2						Add amoun column 5. E	
					here and o						here and on I	
					line 9, colu	-					line 9, colum	ın (B)
Totals)		0.	-					0.
Part			ctivity Income	, Other T	nan Adve	ertising	g income	see in	structions)) 		
1	Description of exploite											
2	Gross unrelated busin									2		
3	Expenses directly con											
	line 10, column (B) Net income (loss) from									3		
4										4		
5	lines 5 through 7 Gross income from ac		s not unrelated bus							4 5		
5 6	Expenses attributable									6		
7	Excess exempt expen											
•	4. Enter here and on P									7		
		,								• •		

Schedule A (Form 990-T) 2021

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	ule A (Form 990-T) 2021						Page 4
Part							
1	Name(s) of periodical(s). Check box if reportir		riodicals on a cor	nsolidated basis.	STATEM	ENT 13	
	A X NDI NM PROGRAM BOOP	ĸ					
	В						
	c 🗌						
	D						
Enter a	amounts for each periodical listed above in the	corresponding co	olumn.				
			Α	В	С	D	
2	Gross advertising income		22,770.				
	Add columns A through D. Enter here and on	n Part I, line 11, co	olumn (A)			22	,770.
а							
3	Direct advertising costs by periodical		19,038.				
а	Add columns A through D. Enter here and on	n Part I, line 11, co	olumn (B)			19	,038.
4	Advertising gain (loss). Subtract line 3 from lin	ne					
	2. For any column in line 4 showing a gain,						
	complete lines 5 through 8. For any column in	n					
	line 4 showing a loss or zero, do not complete	e					
	lines 5 through 7, and enter zero on line 8		3,732.				
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is le						
	than line 6, enter zero						
8	Excess readership costs allowed as a						
	deduction. For each column showing a gain of	on					
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the g		Ba. columns total	or zero here and	on		
u							
u	Part II, line 13				►		0.
Part					•		0.
	Part II, line 13 X Compensation of Officers, Dir				•	4. Compensa	
	Part II, line 13 X Compensation of Officers, Dir 1. Name				►	4. Compensa attributable	ation
	X Compensation of Officers, Di		rustees _{(see}		3. Percentage		ation to
	X Compensation of Officers, Di		rustees _{(see}		3. Percentage of time devoted	attributable	ation to
Part	X Compensation of Officers, Di		rustees _{(see}		3. Percentage of time devoted to business	attributable	ation to
Part (1) (2)	X Compensation of Officers, Di		rustees _{(see}		3. Percentage of time devoted to business %	attributable	ation to
Part (1) (2) (3)	X Compensation of Officers, Di		rustees _{(see}		3. Percentage of time devoted to business %	attributable	ation to
Part (1) (2)	X Compensation of Officers, Di		rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to
Part (1) (2) (3) (4)	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to
Part (1) (2) (3) (4)	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness
Part (1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and T	rustees _{(see}		3. Percentage of time devoted to business % %	attributable	ation to iness

123732 01-28-22

1

FORM 990-T (A)	OTHER DEDUCTI	ONS	STATEMENT 3
DESCRIPTION			AMOUNT
TAX PREPERATION FEES			500
FOTAL TO SCHEDULE A, E	PART II, LINE 14		500
FORM 990-T (A)	POST 2017 NOL SCH	EDULE	STATEMENT 4
PRIOR YEAR POST			RWARD OF 17 NOL
2017 NOL	NOL DEDUCTION		
2,251.	NOL DEDUCTION 2,251. PTION OF ORGANIZATION'S BUSINESS ACTIVIT	UNRELATED	0. STATEMENT 5
2,251. FORM 990-T DESCRIP SCHEDULE A	2,251. PTION OF ORGANIZATION'S	UNRELATED 'Y	STATEMENT 5
2,251. FORM 990-T DESCRIP SCHEDULE A SPONSORS AND OTHER BU TO FORM 990-T, SCHEDUI	2,251. PTION OF ORGANIZATION'S BUSINESS ACTIVIT USINESSES ADVERTISE IN A LE A, LINE E	UNRELATED 'Y NNUAL PROGRAM BOO	STATEMENT 5
2,251. FORM 990-T DESCRIP SCHEDULE A SPONSORS AND OTHER BU TO FORM 990-T, SCHEDUI	2,251. PTION OF ORGANIZATION'S BUSINESS ACTIVIT USINESSES ADVERTISE IN A LE A, LINE E POST-2017 NET OPERATING LOSS	UNRELATED Y NNUAL PROGRAM BOO	STATEMENT 5 K. STATEMENT 6
2,251. FORM 990-T DESCRIP SCHEDULE A SPONSORS AND OTHER BU TO FORM 990-T, SCHEDUI	2,251. PTION OF ORGANIZATION'S BUSINESS ACTIVIT VSINESSES ADVERTISE IN A LE A, LINE E POST-2017 NET OPERATING LOSS PREVIOUSLY	UNRELATED 'Y NNUAL PROGRAM BOO	STATEMENT 5
2,251. FORM 990-T DESCRIP SCHEDULE A SPONSORS AND OTHER BU TO FORM 990-T, SCHEDUI 990-T SCH A FAX YEAR LOSS SUSTA	2,251. PTION OF ORGANIZATION'S BUSINESS ACTIVIT VSINESSES ADVERTISE IN A LE A, LINE E POST-2017 NET OPERATING LOSS PREVIOUSLY	UNRELATED YY NNUAL PROGRAM BOO LOSS DEDUCTION	STATEMENT 5 K. STATEMENT 6 AVAILABLE

SCH A (990-T) SCHEDULE A NOL DETAIL	STATEMENT 7
TAXABLE INCOME FROM ALL ENTITIES	114,209.
THIS ENTITIES PORTION OF TAXABLE INCOME	3,232.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	2.83%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS 80% INCOME LIMITATION	3,232. 2,586.
POST-2017 AVAILABLE	2,251.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	2,251.

	SEPARATE PERIOD A CONSOLIDATEI			STATE	MENT 13
		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
NDI NM PROGRAM BOOK	- NDI NM PROGRAM BOOK SUBTOTAL	22,770. 22,770.	19,038. 19,038.	0.	0.

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

k

F

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

2

2021

3

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

2

of

85-0431846

D Sequence:

1	Name of the organizatio	n			
	NATIONAL	DANCE	INSTITUTE	NM,	INC

C Unrelated business activity code (see instructions) ► 523000

Describe the unrelated trade or business **PASSTHROUGH INCOME**

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3 4 a	Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Sch D (Form 1041 or Form	3	140 594		140 594
b	1120)). See instructions Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4a 4b	142,584.		142,584.
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8	5	-9,771.		-9,771.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 9	12	1,349.		1,349.
13	Total. Combine lines 3 through 12	13	134,162.		134,162.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

	For Paperwork Reduction Act Notice, see instructions.		dule A (Form 990-T) 2021
18	Unrelated business taxable income. Subtract line 17 from line 16		110,977.
17	Deduction for net operating loss. See instructions		0.
10	column (C)		110,977.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, li		
15	Total deductions. Add lines 1 through 14		00 105
14	Other deductions (attach statement) SEE ST	ATEMENT 10 14	4
13	Excess readership costs (Part IX)		
12	Excess exempt expenses (Part VIII)		
11	Employee benefit programs		
10	Contributions to deferred compensation plans		
9	Depletion	9	
8	Less depreciation claimed in Part III and elsewhere on return	8b	
7	Depreciation (attach Form 4562). See instructions 7		
6	Taxes and licenses		149.
5	Interest (attach statement). See instructions		
4	Bad debts		
3	Repairs and maintenance		
2	Salaries and wages	2	1,951.
1	Compensation of officers, directors, and trustees (Part X)	1	-

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Sched	ule A (Form 990-T) 2021				Page 2
Part		thod of inventory valua	tion 🕨		1 490 -
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8 9	Cost of goods sold. Subtract line 7 from line 6. Enter Do the rules of section 263A (with respect to property				Yes No
Part			<u> </u>	<u>u</u>	
1	Description of property (property street address, city,		-		
•	A				
	B				
	c 🗌				
	D 🔲				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here	and on Part L line 6 c	olumn (A)	0.
•	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
	() () () () () () () () () () () () () (
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part I	, line 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (s	see instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. See	e instructions.	
	A				
	B				
	D		P	0	D
2	Gross income from or allocable to debt-financed	Α	В	C	D
2					
3	property Deductions directly connected with or allocable				
Ū	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		ś%	%	%
7	Gross income reportable. Multiply line 2 by line 6 \dots				
8	Total gross income (add line 7, columns A through D). Enter here and on Pa	art I, line 7, column (A)		0.
_		[
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	5 IU			
123721 (01-28-22	69		Schedule	A (Form 990-T) 2021

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2

(2) (3) (4) Add columns 5 and 10. (4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Totals 0. 0. 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions and set-asides (attach statement) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) (2) (3) (4) Totals (4) .												2
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 to income (loss) ton's gross income 6. Deductions directly controlling organiza- tion's gross income (1) 1 1 1 1 6. Deductions directly controlling organiza- tion's gross income (2) 1 1 1 1 1 1 (3) 1	Schedu	ule A (Form 990-T) 2021	itiaa Da	walting and D	onto from	n Control		aoninationa				Page 3
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 that is included in the controlling organiza- tion's grass income 6. Deductions directly connected with income in column 5 (1) Image: Controlled organizations 6. Deductions directly controlling organization (2) Image: Controlled organizations 6. Deductions directly connected with income in column 5 (3) Image: Controlled organizations 11. Deductions directly connected with income (loss) (see instructions) 11. Deductions directly connected with income in column 9 that is included in the controlling organization's grass income 11. Deductions directly connected with income in column 10 (1) Image: Controlled organizations (see instructions) Matter top	Part	VI Interest, Annu	lities, Ro	byaities, and Re	ents fron	n Control		•	(,	
organization identification number income (loss) (see instructions) payments made that is included in the controlling organiza- tion's gross income connected with income in column 5 (1) Image: Second Section Second Section Second Section Second Secon			Ч	2 Employer	2 Not	unrelated	1	-		-		6 Deductions directly
number (see instructions) controlling organization is gross income income in column 5 (1) Image: Structure is gross income (4) Image: Structure is gross income Nonexempt Controlled Organizations Image: Structure is gross income Image: Structure is gross income 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) Image: Structure is gross income Image: Structure is gross income Image: Structure is gross income (2) Image: Structure is gross income Image: Structure is gross income Image: Structure is gross income (1) Image: Structure is gross income Image: Structure is gross income Image: Structure is gross income (2) Image: Structure is gross income Image: Structure is gross income Image: Structure is gross income (2) Image: Structure is gross income Image: Structure is gross income Image: Structure is gross income (2) Image: Structure is gross income Image: Structure is gross income Image: Structure			u					•				
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(2) Image: Controlled organizations Image: Controlled organizations (4) Image: Controlled organizations 10. Part of column 9 this included in the controlling organization's gross income 11. Deductions directly connected with income to the controlling organization's gross income 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 this included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1) Image: Column 4 this included in the controlling organization's gross income Add columns 5 and 10. Enter here and on Part 1, line 8, column (A) Add columns 6 and 11. Enter here and on Part 1, line 8, column (A) (4) Image: Column 4 this included in the controlling organization (see instructions) 0. 0. Totals Image: Column 4 this included in the column 4 this included in the column 5 in come 3. Deductions directly income 6. Total deductions income 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 5. Total deductions in column 4 this included in the column 5 in column 5 enter column 6 enter and on Part 1, line 9, column (A) (1) Image: Column 5 enter here and on Part 1, line 9, column (A) <t< td=""><td>(1)</td><td></td><td></td><td></td><td></td><td>,</td><td></td><td></td><td></td><td>5 91055 110</td><td>Joine</td><td></td></t<>	(1)					,				5 91055 110	Joine	
(3) 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)												
(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) 11. Deductions directly connected with income in column 10 11. Deductions directly connected with income in column 10 (2) 11. Deductions directly gross income 11. Deductions directly connected with income in column 10 (3) 11. Deductions directly gross income 11. Deductions directly connected with income in column 10 (4) 11. Deductions directly gross income 11. Deductions directly gross income 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) Add acolumns 6 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) 11. 11. Description of income 11. Description di income 11. Description di income (3) 11. Description of income 2. Amount of income 3. Deductions directly connected 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (4) 11. Description of income												
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)												
income (loss) (see instructions) payments made that is included in the controlling organization's gross income connected with income in column 10 (1)				No	nexempt C	Controlled O	rganizati	ons			•	
Income (ross) payments made controlling organization's gross income controlling organization's gross income controlling organization's income in column 10 (1)	7	. Taxable Income	8. 1	Net unrelated	9. To	otal of specif	ied				11.	Deductions directly
(see instructions) gross income income in column 10 (1) (1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (3) (3) (3) (3) (3) (4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) Totals 0. 0. 0. 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization income (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (5) (6) (7) Totals 0. (1) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) <				. ,	pa	yments mad	е					
(2) (3) (4) (4) (5) (4) (4) (4) (5) (7) (7) (7) (7) (7) (7) (7) Totals (7) (7) (7) (7) (7) (7) Totals (7)			(see	e instructions)							inc	ome in column 10
(3)	(1)											
(4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) Totals 0. 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) Image: Column (B) Image: Column (B) Image: Column (B) Image: Column (B) (2) Image: Column (B) (1) Image: Column (B) (3) Image: Column (B) Totals O. Image: Column (B) (1) Image: Column (C) Image: Column (C) Image: Column (C) <thimage: (c)<="" column="" th=""></thimage:>	(2)											
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Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 4. Set-asides (attach statement) 5. Total deductions and set-asides (attach statement) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) 2. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>,</td><td></td><td></td></t<>										,		
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1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1)			Income	of a Section 50	1(c)(7)	9) or (17)	Orgar	l nization (a	oo inct			0.
income directly connected (attach statement) (attach statement) and set-asides (add cols 3 and 4) (1)						_					asides	5. Total deductions
(1) (1) (2) (2) (3) (2) (4) (2) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 5. Enter here and on Part I, line 9, column (A) Totals 0. 0.			•									
(2) Image: Constraint of the second secon								(attach stater	nent)			(add cols 3 and 4)
(3) Image: Constraint of the second secon	(1)											
(4) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 5. Enter here and on Part I, line 9, column (A) Totals 0. 0.	(2)											
Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 5. Enter here and on Part I, line 9, column (A) Totals 0. 0.	(3)											
column 2. Enter here and on Part I, line 9, column (A) column 5. Enter here and on Part I, line 9, column (B) Totals 0.	(4)											
Totals here and on Part I, line 9, column (A) here and on Part I, line 9, column (B) 0. 0.												
Totals 0.												
						line 9, colu						
Part VIII Evolottod Evompt Activity Incomo (Athor Libon Advorticing Incomo (Assessment)	Totals				>		•••					0.
		Exploited E			, Other I	nan Adve	ertising	g income (see ins	structions)		
1 Description of exploited activity:			-						()			
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2											2	
 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10. column (B) 3 	3			•								
line 10, column (B) 3 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete	4										3	
• • •	4										4	
lines 5 through 7 4 5 Gross income from activity that is not unrelated business income 5	5											
6 Expenses attributable to income entered on line 5												
 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 												
4. Enter here and on Part II, line 12										<u></u>	7	

Schedule A (Form 990-T) 2021

123731 01-28-22

Part	Ile A (Form 990-T) 2021 IX Advertising Income				Page ·
1	Name(s) of periodical(s). Check box if reporti A	ng two or more periodicals on a	consolidated basi	is.	
	D				
Enter a	mounts for each periodical listed above in the	e corresponding column.	1		1
		Α	В	С	D
2	Gross advertising income				
_	Add columns A through D. Enter here and or	n Part I, line 11, column (A)		₽	0.
а 3	Direct adverticing costs by periodical				
з а	Direct advertising costs by periodical Add columns A through D. Enter here and or				0.
a	Add coldmins A through D. Enter here and o				
4	Advertising gain (loss). Subtract line 3 from I	ine			
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ess			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				•
D	Part II, line 13	·····		>	0.
Part	X Compensation of Officers, D	rectors, and Trustees (see instructions)	Г	
	<i>.</i>			3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
		EVECIMIVE DIRECT		to business	unrelated business
	JSSELL BAKER	EXECUTIVE DIRECT DIRECTOR OF FINA		5.00%	2,002.
2) 20TI	EFF GUY	AND ADMINISTRATI		<u>%</u> 5.00%	1,302.
<u>3) 01</u> (4)	<u></u>	AND ADMINISINALI	.011	5.00%	1,502.
(4)				70	
Total	Enter here and on Part II, line 1				3,304.
Part		ee instructions)			

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FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION		NET INCOME OR (LOSS)
	PARTNERS VII, L.P ORDINARY BUSINESS	
	PARTNERS VII, L.P NET RENTAL REAL	8,891.
ESTATE INCOME COMMONFUND CAPITAL	PARTNERS VII, L.P OTHER NET RENTAL	-230.
INCOME (LOSS)		30.
	PARTNERS VII, L.P INTEREST INCOME	675
	PARTNERS VII, L.P DIVIDEND INCOME	4,654
	PARTNERS VII, L.P ROYALTIES	567
	PARTNERS VII, L.P OTHER PORTFOLIO	
INCOME (LOSS)		36.
	PARTNERS VII, L.P OTHER INCOME	
(LOSS)		-14,316.
	SECONDARY PARTNERS II L.P ORDINARY	4 04 0
BUSINESS INCOME (L		4,913
	SECONDARY PARTNERS II L.P NET RENTAL	1 200
REAL ESTATE INCOM		-1,326
	SECONDARY PARTNERS II L.P OTHER NET	5
RENTAL INCOME (LOS	SECONDARY PARTNERS II L.P INTEREST	C
INCOME	SECONDARI PARINERS II L.P INIERESI	955
	SECONDARY PARTNERS II L.P DIVIDEND	505
INCOME	SECONDARI FARINERS II D.I. DIVIDEND	2,140
	SECONDARY PARTNERS II L.P ROYALTIES	1,074
	SECONDARY PARTNERS II L.P OTHER	1,0,1
PORTFOLIO INCOME (708
-	SECONDARY PARTNERS II L.P OTHER	
INCOME (LOSS)		-13,396
	OCIO GLOBAL PRIVATE EQUITY FUND IV, LP	
- ORDINARY BUSINES		-797
COMMONFUND CAPITAL	OCIO GLOBAL PRIVATE EQUITY FUND IV, LP	
- NET RENTAL REAL		-1
	OCIO GLOBAL PRIVATE EQUITY FUND IV, LP	
- INTEREST INCOME		19
	OCIO GLOBAL PRIVATE EQUITY FUND IV, LP	
- DIVIDEND INCOME		124
	OCIO GLOBAL PRIVATE EQUITY FUND IV, LP	
- OTHER PORTFOLIO		37
	OCIO GLOBAL PRIVATE EQUITY FUND IV, LP	
- OTHER INCOME (LO		-3,090
	TATE OPPORTUNITY FUND II LP - ORDINARY	100
BUSINESS INCOME (L		-187
	TATE OPPORTUNITY FUND II LP - NET RENTAL	0.000
REAL ESTATE INCOM		-2,998
COMMONFUND PRIVATE INCOME (LOSS)	CREDIT FUND II LP - ORDINARY BUSINESS	1,742
		±,/42
TOTAL INCLUDED ON	SCHEDULE A, PART I, LINE 5	-9,771

85-0431846

FORM 990-T (A)	OTHER INCOME	STATEMENT 9
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT -	COMMONFUND CAPITAL PARTNERS VII, L.P. COMMONFUND CAPITAL SECONDARY PARTNERS	757.
II L.P.		592.
TOTAL TO SCHEDULE A, PA	ART I, LINE 12	1,349.
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
TAX PREPARATION FEES	FEES	500. 17,281.
TOTAL TO SCHEDULE A, PA	ART II LINE 14	17,781.

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

;	5-	- 0	4	3	1	8	4	6
	-	-	_	-	_	-	_	-

8

► Yes X No

	NATIONAL	DANCE	INSTITUTE	NM,	INC.
--	----------	-------	-----------	-----	------

Part I Short-Term Capital Gai	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					3,275.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach compute	ation)			6	()
7 Net short-term capital gain or (loss). Combin	<u>e lines 1a through 6 in column</u>	<u>h</u>		7	3,275.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.		. ,			result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					100 -01
Form(s) 8949 with Box F checked					132,581.
11 Enter gain from Form 4797, line 7 or 9				11	6,728.
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13	
				14	100.000
15 Net long-term capital gain or (loss). Combine		nh		15	139,309.
Part III Summary of Parts I and					<u> </u>
16 Enter excess of net short-term capital gain (lin				16	3,275.
17 Net capital gain. Enter excess of net long-term				17	139,309.
18 Add lines 16 and 17. Enter here and on Form		plicable line on other returns	;	18	142,584.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

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

Schedule D (Form 1120) 2021

121051 12-17-21

Form 8949
Department of the Treasury Internal Revenue Service
internal nevenue del vice

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

12A Seauence No

Social security number or taxpayer identification no.

transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions not reported to you on Form 1099-B (C) Short-term transactions not reported to you on Form 1099-B	NATIONAL DANCE							431846	
Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported to 5 (See Note adverted to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). Gut must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions complete a separate Form 8949, page 1, for each applicable box. you have more short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) Note short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) Adjustment, if any, to gain or (not (see), for each applicable box. Sec Note above) (a) (b) (c) (d) Proceeds (sale s price) Os or other basis. For other to (see instructions). For long-term and mount in column (b), enter a code in column (c) (Mo., day, yr.) Sec Sol or other basis. See the instructions (f) Sec instructions (f) Gene (g) COMMONFUND CAPITAL Image: Sec Sol	Before you check Box A, B, or C belo statement will have the same information	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B (show whether you	or substitute statem r basis (usually you	nent(s) from r cost) was	n your broker. A su reported to the IF	bstitute IS by your	
Transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). Out must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. You have more short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) Note above (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Structions). Note above (B) Short-term transactions neported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) Note above (a) (b) (c) (d) Proceeds (sales price) Adjustment, if any, to gain or loss. If you enter an amount in column (l), see instructions. Subtract column (e) (e) form column (l), see instructions. (h) (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date sold or (Mo., day, yr.) Proceeds (sales price) Coloman (e) in the instructions in column (f). See instructions in adjustment in column (f). See instructions in adjustment in column (f). See instructions in the	Part I Short-Term. Transacti	DOX TO CHECK.	al assets you held	1 year or less are ge	nerally short-term (see	e instructions	s). For long-term		
Ou must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. You have more short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (a) (b) (c) (d) (c) (d) (e) Adjustment, if any, to gain or loss. (n) Description of property (Example: 100 sh. XYZ Co.) (b) (c) (c) (d) Proceeds (sales price) (a) Adjustment, if any, to gain or olds. (n) COMMONFUND CAPITAL Date acquired (Mo., day, yr.) (b) (c) (c) (d) (c) Adjustment, if any, to gain or olds. (n) COMMONFUND CAPITAL Date acquired (Mo., day, yr.) (mo., day, yr.) Proceeds (a) (f) (g) (a) (a) (b) (c)	transactions, see page 2. Note: You may aggregate all	short-term transac	tions reported on I	Form(s) 1099-B shov	ving basis was reporte	ed to the IRS	and for which no ac		
(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B (a) (b) (C) (C) Proceeds (e) Ost in column (g), enter an amount in column (g), enter a code in column (g) in column (g	You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separat	e Form 8949, page 1, for		
(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (a) (b) (c) (c) Adjustment, if any, to gain or loss. If you enter an amount or louter (1). See instructions. (h) Gain or (loss). COMMONFUND CAPITAL Image: Column (e), in the instructions Image: Column (,			
X (c) Short-term transactions not reported to you on Form 1099-B (a) (b) (c) (c) (d) (e) Adjustment, if any, to gain on loss. If you enter an amount in column (g), enter a amount of adjustment (f) (g) (g) Subtract column (g) COMMONFUND CAPITAL <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>Note abt</td> <td>540)</td> <td></td> <td></td>				-		Note abt	540)		
(a) Description of property (Example: 100 sh. XYZ Co.)(b) Date acquired (Mo., day, yr.)(c) Date sold or disposed of (Mo., day, yr.)(d) Proceeds (sales price)(e) Cost or other basis. See the Note below and see Column (e) in the instructionsAdjustment, if any, to gain or loss. If you enter an amount icolumn (f). See instructions. Outman (f). See instructions(h) Gain or (loss). Subtract column (e) from column (f). See instructionsCOMMONFUND CAPITALImage: Column (e) (Mo., day, yr.)Image: Column (e) (Mo., day, yr.)Image: Column (e) (f) Code(s)Image: Column (f) Amount of adjustmentImage: Column (e) monolumn (f) Amount of adjustmentImage: Column (f) Code(s)Image: Column (f) Amount of adjustmentImage: Column (f) form column (f) 				-					
Description of property (Example: 100 sh. XYZ Co.)Date acquired (Mo., day, yr.)Date sold or disposed of (Mo., day, yr.)Proceeds (sales price)Cost or other basis. See the Note below and see Column (e) in the instructionsIf you enter an amount in column (g), enter a code in column (g). enter a code in column (g).Gain or (loss). Subtract column (e) from column (g)COMMONFUND CAPITAL					(e)	Adjustmen	t, if any, to gain or	(h)	
(Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of (Mo., day, yr.) (outor pillor) Dask. See the Note below and see Column (e) in the instructions column (f). See instructions. from column (d) & combine the result with column (g) COMMONFUND CAPITAL Image: Column (f). See Column (e) in the instructions (f) (g) COMMONFUND CAPITAL Image: Column (f). Image: Column (f). See instructions from column (g) COMMONFUND CAPITAL Image: Column (f). Image: Column (f). See instructions from column (g) COMMONFUND CAPITAL Image: Column (f). See Column (g) Image: Column (g) Image: Column (g) SECONDARY PARTNERS Image: Column (g) Image: Column (g) Image: Column (g) Image: Column (g) SECONDARY PARTNERS Image: Column (g) Image: Column (g) Image: Column (g) Image: Column (g) SECONDARY PARTNERS Image: Column (g) Image: Column (g) Image: Column (g) Image: Column (g) COMMONFUND CAPITAL Image: Column (g) Image: Column (g) Image: Column (g) Image: Column (g) COMMONFUND CAPITAL Image: Column (g) Image: Column (g) Image: Column (g) Image: Column (g) COMMONF		Date acquired	Date sold or					Gain or (loss).	
(MO., day, yr.) see Column (e) in the instructions (f) Code(s) (g) Amount of adjustment combine the result with column (g) COMMONFUND CAPITAL Image: Common sector se	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price)		column (f)	. See instructions.		
COMMONFUND CAPITAL Image: Constructions Code(s) adjustment With column (g) PARTNERS VII, L.P. Image: Constructions Image: Constructing Image: Constructing Image: C			(Mo., day, yr.)		see Column (e) in		(g) Amount of	combine the result	
PARTNERS VII, L.P. 1,297. C COMMONFUND CAPITAL 1,191. C SECONDARY PARTNERS 1,191. C II 1,191. C COMMONFUND CAPITAL 1,191. C COMMONFUND CAPITAL 1,191. C COMMONFUND CAPITAL 1 1,191. C COMMONFUND CAPITAL 1 1 1,191. C COMMONFUND CAPITAL 1 1 1 1 C COMMONFUND CAPITAL 1 1 1 1 C C COMMONFUND CAPITAL 1 1 1 C C C C COMMONFUND PRIVATE 1 1 1 C C C C					the instructions	Code(s)		with column (g)	
COMMONFUND CAPITAL Image: Common Function of the second and the s									_
SECONDARY PARTNERS 1,191. II 1,191. COMMONFUND CAPITAL 1,191. OCIO GLOBAL 7. PRIVATE E 7. COMMONFUND PRIVATE 1								1,297.	С
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PRIVATE E 7. C									
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2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract									
negative amounts). Enter each total here and include on your	•		-						
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked). or line 3 (if Box C above is checked)								3 275	
above is checked), or line 3 (if Box C above is checked) b b b b c c b c c c c c c c c c c				l was incorrect ont	l er in column (e) tha	hasis as r	enorted to the IDC	· · ·	

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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12230519 146892 618309

2021.05080 NATIONAL DANCE INSTITUTE 618309_1

Form 8949 (2021)				Attachn	nent Sequen	_{ce No.} 12A	Page 2	
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if	shown on page 1			ity number or ntification no.	
NATIONAL DANCE	INSTITU	PE NM, IN	IC.			85-0	431846	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	w, see whether y tion as Form 109			or substitute statem Ir basis (usually you	ent(s) from y r cost) was r	our broker. A su eported to the IF	bstitute S by your	
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	e generally long-term (s	ee instruction	s). For short-term t	ransactions,	
see page 1. Note: You may aggregate all								
codes are required. Enter the You must check Box D, E, or F below. C	heck only one bo	x. If more than one bo	ox applies for your long	-term transactions, compl	ete a separate Fo	orm 8949, page 2, for e		
If you have more long-term transactions than will (D) Long-term transactions rep					-			
(E) Long-term transactions rep					Note abov	e)		
X (F) Long-term transactions not			-					
1 (a)	(b)	(c)	(d)	(e)	Adjustment,	if any, to gain or	(h)	
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column (g	enter an amount g), enter a code in	Gain or (loss).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price)	Note below and	column (f).	See instructions.	Subtract column (e) from column (d) &	
		(1010., day, yr.)		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result with column (g)	
COMMONFUND CAPITAL				the instructions	0000(0)	adjustment	with column (g)	
PARTNERS VII, L.P.							22,966.	C
COMMONFUND CAPITAL							22,500.	C
SECONDARY PARTNERS								
II							107,831.	С
COMMONFUND CAPITAL								
OCIO GLOBAL								
PRIVATE E							1,758.	С
COMMONFUND PRIVATE				-			26	~
CREDIT FUND II LP							26.	C
				-				
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract						
negative amounts). Enter each to		,						
Schedule D, line 8b (if Box D abo							122 501	
above is checked), or line 10 (if E			vas incorrect	tor in column (a) the			132,581.	
Note: If you checked Box D above b adjustment in column (g) to correct t				• •				

Form 4797	
Department of the Treasury	

Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No.	1545-0184

6,728.

9

Sequence No. 27

NATIONAL DANCE INSTIT	UTE NM, 1	INC.					85-0431846
1a Enter the gross proceeds from sales (or substitute statement) that you are	0 1		2021 on Form(s) 1	099-B or 1099-S		1a	
b Enter the total amount of gain that you MACRS assets	ou are including o	n lines 2, 10, an	d 24 due to the pa	rtial dispositions o	f	1b	
c Enter the total amount of loss that you assets	ou are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS	1c	
Part I Sales or Exchanges of Than Casualty or Thef					•	sion	s From Other
2 (a) Description of property SEE STATEMENT 14	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plus improvements expense of s	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	6,728.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term		

Part II Ordinary Gains and Losses (see instructions)

capital gain on the Schedule D filed with your return. See instructions

10	Ordinary gains and losses not included on lines 11 through 16 (include property	held 1 vear or less):		
11	Loss, if any, from line 7	· ·	11	()
12				
13				
14				
15	· · · · · · · · · · · · · · · · · · ·			
16				
17				
18	B For all except individual returns, enter the amount from line 17 on the appropriate	e line of your return and skip lines		
	a and b below. For individual returns, complete lines a and b below.			
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter	that part of the loss here. Enter the	ə	
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do no	t include any loss on property used	з <u>Г</u>	
	as an employee.) Identify as from "Form 4797, line 18a." See instructions		. 18a	
b	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. E	nter here and on Schedule 1		
	(Form 1040), Part I, line 4		. 18b	
LH	HA For Paperwork Reduction Act Notice, see separate instructions.			Form 4797 (2021)
1180	8011 12-17-21			

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85-0431846

Page 2

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acquired (mo., day, yr.)	(c) Date sol (mo., day, yr
Α						
В						
C						
D						
These columns relate to the properties on						
lines 19A through 19D.		Property A	Property	/B	Property C	Property
Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
If section 1250 property: If straight line depreciation						
was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller						
of line 24 or line 26a. See instructions	26b					
- Outstand line Offer from the Offer the thirty of the						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip						
lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
If section 1254 property:						
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
If section 1255 property:						
a Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
Immary of Part III Gains. Complete property of	•	A through D through	n line 29b before	e aoina	to line 30.	
· · · · · · · · · · · · · · · · · · ·						
Total gains for all properties. Add property columns	A throu	ign D, line 24				
				-		
Add property columns A through D, lines 25b, 26g,	,	,				
Subtract line 31 from line 30. Enter the portion from		ty or theft on Form 46	684, line 33. Ent	er the p		
from other than casualty or theft on Form 4797, line	6	0 and 000E(+)(2)	When Deret			an 1
Part IV Recapture Amounts Under Sectio	ns 1/	9 and 280F(D)(2)	when Busir	iess L	use props to 50%	or Less
(see instructions)					(a) Section	(b) Sectio
					179	280F(b)(2
Section 179 expense deduction or depreciation allo	wahla ii	n prior vears		33		
				33		
		atructions for whore				
Recapture amount. Subtract line 34 from line 33. Se	se une lí	ISLIDUIS IOF WHERE	to report	35		Form 4797

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

12230519 146892 618309

78 2021.05080 NATIONAL DANCE INSTITUTE 618309_1

Form **4797** (2021)

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

3

B Employer identification number 85-0431846

D Sequence:

3

of

1	Name of the organizatio	n			
	NATIONAL	DANCE	INSTITUTE	NM,	INC.

<u>C</u> Unrelated business activity code (see instructions) ► 541900

Describe the unrelated trade or business SERVICE INCOME

E [Describe the unrelated trade or business SERVICE INCO	ME			
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	· · · · · · · · · · · · · · · · · · ·	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 11	12	1,386.		1,386.
13	Total. Combine lines 3 through 12	13	1,386.		1,386.
_		_			

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	2,661.
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	2,661.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-1,275.
17	Deduction for net operating loss. See instructions			17	0.
18				18	-1,275.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	Ile A (Form 990-T) 2021

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Sched	ıle A (Form 990-T) 2021				Page
Part		nod of inventory valuati	ion 🕨		1 age
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9 Part	Do the rules of section 263A (with respect to property p Rent Income (From Real Property and				Yes No
1	Description of property (property street address, city, si	· · · · · ·			
	A 🗌	· ·			
	в 📃				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	through D. Enter here	and on Part I, line 6, cc	olumn (A) 🕨	0.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	ter here and on Part I, ee instructions)	line 6, column (B)	······	0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) (Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, construction) (A	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 <u>5</u> Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) (Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, construction) B	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b,	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 7 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See B	instructions.	0.
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, be instructions) ity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B %	instructions.	0. 0.
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, be instructions) ity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B %	instructions.	0.
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Par	line 6, column (B) heck if a dual-use. See B B (1, line 7, column (A)	C	0. D 9 0.
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A A Enter here and on Par ough D. Enter here and	line 6, column (B) heck if a dual-use. See B B (1, line 7, column (A)	C	0. 0.

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Sched	ule A (Form 990-T) 2021	itiaa Da	walting and D	onto from	n Control		aonizationa				Page 3
Part	VI Interest, Annu	lities, Ro	byaities, and Re	ents fron	n Control		•	(e instruct		
	1 Name of controlle	d	2. Employer	2 Not	unrelated		Exempt Control al of specified		t of colur		6. Deductions directly
			identification		ne (loss)		nents made		included		connected with
			number		structions)				lling orga gross inc		income in column 5
(1))							gross mo			
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	ganizati	ons				
	7. Taxable Income	8. 1	Net unrelated	9. To	otal of specif	ied	10. Part of			11.	Deductions directly
			come (loss)	pa	yments mad	е	that is inc				connected with
		(see	e instructions)					income		inc	ome in column 10
(1)											
<u>(2)</u>											
(3)											
(4)							Add colum		1 10	امام ۸	askumme C and 11
							Enter here				columns 6 and 11. r here and on Part I,
							line 8, c	olumn	(A) [′]		ne 8, column (B)
Totals									ο.		0.
Part		Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	ization (s	ee instr	uctions)		
		cription of i			2. Amou		3. Deductio		4. Set-	asides	5. Total deductions
					incor	ne	directly conne (attach stater	ected	(attach st	atemen	t) and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou column 2						Add amounts in column 5. Enter
					here and o						here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part		vomnt A	otivity Incomo	►	bon Adv	<u>0.</u>					0.
	Exploited E		ctivity Income	, ouier I	nan Auve	ะเมริการ์	y income (see inst	tructions)		
1	Description of exploite Gross unrelated busin			noon Ento	r horo and a	Dort I	line 10 colum	a (A)		2	
2 3	Expenses directly con									2	
3	line 10, column (B)		•							3	
4	Net income (loss) from										
•	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line ⁻	12							7	

Schedule A (Form 990-T) 2021

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	ule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a o	consolidated basis		
	A []				
	в				
	c 🔄				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		►	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		►	0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8 \dots				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns tot	al or zero here and	d on	•
Daut	Part II, line 13				0.
Part	X Compensation of Officers, Di	ectors, and trustees (so	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
(4)				to business	unrelated business
<u>(1)</u>				%	
<u>(2)</u>				%	
<u>(3)</u>				%	
<u>(4)</u>				%	
Total	Enter here and on Part II, line 1				0.
Part	Enter here and on Part II, line 1 XI Supplemental Information (set			····· ►	0.
ιαι		e instructions)			

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85-0431846

FORM 990-T (A) OTHER INCOME	STATEMENT 11
DESCRIPTION	AMOUNT
SERVICE INCOME	1,386.
TOTAL TO SCHEDULE A, PART I, LINE 12	1,386.

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 12
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/20	1,935.	0.	1,935.	1,935.
NOL CARRYOV	VER AVAILABLE THIS Y	EAR	1,935.	1,935.

FORM 4797	PRO	PERTY HEL	D MORE THAN	N ONE YEAR	STATEMENT 14		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS	
COMMONFUND							
CAPITAL PARTNERS VII, L.P. COMMONFUND						808.	
CAPITAL SECONDARY PARTNERS II COMMONFUND						5,875.	
CAPITAL OCIO GLOBAL PRIVATE E						45.	
TOTAL TO 4797, PA	RT I, LINE	2				6,728.	

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

► Yes X No

85-0431846

	NATIONAL	DANCE	INSTITUTE	NM,	INC.
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

Part I Short-Term Capital Gai		,	5		
See instructions for how to figure the amounts					(h) Gain or (loss)
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	result with column (g)
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					3,275.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	3,275.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	,				result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					132,581.
				11	6,728.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kine	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		nh		15	139,309.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir				16	3,275.
17 Net capital gain. Enter excess of net long-term	ı capital gain (line 15) over net	short-term capital loss (line		17	139,309.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the ap	plicable line on other returns	; [18	142,584.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

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

Schedule D (Form 1120) 2021

121051 12-17-21

Form 8949
Department of the Treasury Internal Revenue Service
internal nevenue del vice

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2021 Attachment Sequence No. 12A

Social security number or taxpayer identification no.

NATIONAL DANCE							431846
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109 box to check.	you received any 99-B. Either will s	/ Form(s) 1099-B show whether you	or substitute staten ır basis (usually you	ent(s) fron r cost) was	n your broker. A su reported to the IF	bstitute S by your
Part I Short-Term. Transacti	ons involving capit	al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	short-term transace totals directly on §	tions reported on F Schedule D. line 1a	Form(s) 1099-B shov	ving basis was reporte to report these trans	ed to the IRS actions on F	and for which no ac	ljustments or ctions).
You must check Box A, B, or C below. O If you have more short-term transactions than will	Check only one bo	x. If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separat	e Form 8949, page 1, for	
(A) Short-term transactions rep					-		
(B) Short-term transactions rep	,	,	0				
X (C) Short-term transactions no			-				
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the		. See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
COMMONFUND CAPITAL						·	
PARTNERS VII, L.P.							1,297.
COMMONFUND CAPITAL							
SECONDARY PARTNERS							
II							1,191.
COMMONFUND CAPITAL							
OCIO GLOBAL							
PRIVATE E							7.
COMMONFUND PRIVATE							
CREDIT FUND II LP							780.
				-			
2 Totals. Add the amounts in colum	nns(d)(e)(d)a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		-					
above is checked), or line 3 (if B							3,275.
Note: If you checked Box A above b			vaa inaarraat ant	or in column (c) the		anartad ta tha IDS	

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

618309_1

85 2021.05080 NATIONAL DANCE INSTITUTE

Form 8949 (2021)				Attachm	nent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secu	rity number or entification no.
NATIONAL DANCE	INSTITU	PE NM, IN	VC.			85-0	431846
Before you check Box D, E, or F belo statement will have the same informa	w, see whether y tion as Form 109	ou received any 99-B. Either will s	Form(s) 1099-B c show whether you	or substitute statem Ir basis (usually you	ent(s) from y r cost) was i	your broker. A su reported to the IF	bstitute RS by your
Part II Long-Term. Transaction see page 1.	oox to check. ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instructior	ns). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the	long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS a	nd for which no ad	justments or
You must check Box D, E, or F below. C	heck only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate F	orm 8949, page 2, for	each applicable box.
If you have more long-term transactions than will					-		
(D) Long-term transactions rep				· ·	Note abov	/e)	
(E) Long-term transactions rep	• •			eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)	Adjustment	, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If you	ú enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f).	g), enter a code in See instructions .	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
COMMONFUND CAPITAL							
PARTNERS VII, L.P.							22,966.
COMMONFUND CAPITAL							
SECONDARY PARTNERS							
II							107,831.
COMMONFUND CAPITAL							
OCIO GLOBAL							
PRIVATE E							1,758.
COMMONFUND PRIVATE							
CREDIT FUND II LP							26.
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to		•					
Schedule D, line 8b (if Box D abo		•					120 501
above is checked), or line 10 (if E		, F	L	<u> </u>			132,581.
Note: If you checked Box D above b adjustment in column (g) to correct t							

Form 4797	
Department of the Treasurv	

Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

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Sequence No.

NATIONAL DANCE INSTITUTE NM, INC.		85-0431846
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Convers		From Other

Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 SI	(a) Description of property EE STATEMENT 15	(mo., day, yr.) (mo., day, yr.) price allowable since improve								
3	Gain, if any, from Form 4684, line 39	•					3			
4	Section 1231 gain from installment sa	ales from Form 6	252, line 26 or 3	7			4			
5	Section 1231 gain or (loss) from like-k						5			
6	Gain, if any, from line 32, from other t						6			
7	Combine lines 2 through 6. Enter the	,					7	6,728.		
•	0	0 ()	•				-	• / ! = • •		
	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,		· , · ·		r Form 1065, Sche	idule K,				
		•								
	Individuals, partners, S corporation	,			,					
	from line 7 on line 11 below and skip		0	,	, , ,					
	1231 losses, or they were recaptured	,	, U		ng-term capital gair	n on				
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 be	elow.						
8	8 Nonrecaptured net section 1231 losses from prior years. See instructions									
9	•	, ,			e 7 on line 12 held					
5	9 Subtract line 8 from line 7. If zero or less, enter -0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term									
			C 700							
	capital gain on the Schedule D filed w	with your return.	See instructions				9	6,728.		
Pa	Part II Ordinary Gains and Losses (see instructions)									
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (includ	le property held 1	vear or less):					
	, 5	1	- <u> </u>		,					

11	Loss, if any, from line 7						11	()	
12	Gain, if any, from line 7 or amount from		12						
13	Gain, if any, from line 31						13		
14	Net gain or (loss) from Form 4684, line						14		
15	Ordinary gain from installment sales fi						15		
16	Ordinary gain or (loss) from like-kind e						16		
17	• • • • • • • • • •						17		
18	For all except individual returns, enter								
	a and b below. For individual returns,	complete lines a	and b below.						
а	If the loss on line 11 includes a loss fr	om Form 4684, I	line 35, column (b)(ii), enter that par	rt of the loss here.	Enter the			
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used								
	as an employee.) Identify as from "For		18a						
b									
	(Form 1040), Part I, line 4						18b		
LH	A For Paperwork Reduction Act No	otice, see separ	ate instructions					Form 4797 (2021)	
1180	11 12-17-21								

Page **2**

(a) Description of section 1245, 1250, 1252, 1254, o		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)			
Α						
В						
с						
D						
These columns relate to the properties on						
lines 19A through 19D.		Property A	Property	/ B	Property C	Property
Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable \ldots	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
' If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a					
b Enter the smaller of line 24 or 28a	28b					<u> </u>
If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	202					
from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions	29a 29b					
ummary of Part III Gains. Complete property c		A through D through	ı ı line 29b before	goina t	to line 30.	
Total gains for all properties. Add property columns	A throu	gn D, line 24				
Add property columns A through D. Proc. OCh. CO.	070 00	h and OOk Fataria	re and an line of	ר		
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					31	
		y or thert on Form 4	004, IINE 33. ENt	er the p		l
from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Sectio (see instructions)	ons 179	and 280F(b)(2)	When Busir	iess L	Ise Drops to 50%	or Less
					(a) Section 179	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	prior years		33		
Recomputed depreciation. See instructions				34		1

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

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88 2021.05080 NATIONAL DANCE INSTITUTE 618309_1

Form 4797 (2021)

FORM 4797	PRO	PERTY HEL	D MORE THA	N ONE YEAR	ST	ATEMENT 15
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL PARTNERS VII, L.P. COMMONFUND CAPITAL SECONDARY PARTNERS II						808. 5,875.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E TOTAL TO 4797, PAR	RT I, LINE	2				<u>45.</u> 6,728.

Fo	8925	Report of Employer-Owned Life Insurance Cont	racts	OMB No. 1545-2089				
(Re Dep Inte	Attachment Sequence No. 160							
Na	Name(s) shown on return Identifying num							
NZ	ATIONAL DANCE	INSTITUTE NM, INC.	8	5-0431846				
Na	me of policyholder, if dif	erent from above Iden	ntifying nur	nber, if different from above				
	oe of business							
1	Enter the number of en	ployees the policyholder had at the end of the tax year	1	147.				
2	Enter the number of en	ployees included on line 1 who were insured at the end of the tax year under the						
	policyholder's employe	r-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 unde	r the contract(s) specified on line 2	3	500,000.				
4a	Does the policyholder h	nave a valid consent for each employee included						
	on line 2? See instructi	ons Yes No						
b	If "No," enter the numb	er of employees included on line 2 for whom the policyholder does not have a valid						
	consent		4b					