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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**  
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ALVIN AILEY DANCE FOUNDATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 405 WEST 55TH STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10019 <b>F</b> Name and address of principal officer BENNETT RINK 405 WEST 55TH STREET NEW YORK, NY 10019	<b>D</b> Employer identification number 13-2584273 <b>E</b> Telephone number (212) 405-9000 <b>G</b> Gross receipts \$ 74,904,753 <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW ALVINAILEY ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1958 <b>M</b> State of legal domicile NY

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities THE MISSION OF ALVIN AILEY DANCE FOUNDATION IS TO FURTHER THE PIONEERING WORK OF ALVIN AILEY BY ESTABLISHING AN EXTENDED CULTURAL COMMUNITY WHICH PROVIDES DANCE PERFORMANCES, TRAINING AND COMMUNITY PROGRAMS FOR ALL PEOPLE			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		32
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		31
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>		801
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		80
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		43,353
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		-7,239
		<b>Prior Year</b>		<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)		10,848,634	9,947,036
<b>9</b>	Program service revenue (Part VIII, line 2g)		23,602,208	23,174,506
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,433,866	4,179,704
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-655,013	-593,974
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,229,695	36,707,272
		<b>Prior Year</b>		<b>Current Year</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,466,518	1,743,710
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,031,304	18,997,353
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>2,144,659</b>			
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,876,774	16,349,871
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		35,374,596	37,090,934
<b>19</b>	Revenue less expenses Subtract line 18 from line 12		2,855,099	-383,662
		<b>Beginning of Current Year</b>		<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)		162,409,733	170,406,862
<b>21</b>	Total liabilities (Part X, line 26)		20,793,011	19,837,003
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20		141,616,722	150,569,859

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2015-05-13 Date			
	PAMELA ROBINSON TREASURER & CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARTIN GREIF	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00029738
	Firm's name <b>MCGLADREY LLP</b>			Firm's EIN <b>42-0714325</b>	
	Firm's address <b>1185 AVENUE OF THE AMERICAS NEW YORK, NY 100362602</b>			Phone no (212) 372-1000	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 THE MISSION OF THE AILEY ORGANIZATION IS TO FURTHER THE PIONEERING WORK OF ALVIN AILEY THROUGH DANCE PERFORMANCES, TRAINING, EDUCATIONAL AND COMMUNITY PROGRAMS FOR ALL PEOPLE THE ORGANIZATION PLAYS A VITAL SOCIAL ROLE, USING THE BEAUTY AND HUMANITY OF THE AFRICAN-AMERICAN HERITAGE AND OTHER CULTURES TO UNITE PEOPLE OF ALL RACES, AGES, AND BACKGROUNDS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 15,894,001 including grants of \$ ) (Revenue \$ 10,958,170 )  
 ALVIN AILEY AMERICAN DANCE THEATER - FOUNDED BY ALVIN AILEY IN 1958, ALVIN AILEY AMERICAN DANCE THEATER NOW ANNUALLY REACHES ABOUT 300,000 AUDIENCE MEMBERS ACROSS THE GLOBE SINCE ITS INCEPTION, THE COMPANY HAS PERFORMED IN 71 COUNTRIES ON 6 CONTINENTS FOR AN ESTIMATED 25 MILLION PEOPLE AT VENUES WORLDWIDE, PLUS TENS OF MILLIONS MORE PEOPLE VIA TELEVISION APPEARANCES IN 2008, THE AILEY COMPANY WAS DESIGNATED "A VITAL AMERICAN CULTURAL AMBASSADOR TO THE WORLD" BY THE UNITED STATES CONGRESS THE COMPANY NUMBERS THIRTY OF THE MOST TALENTED AND VERSATILE DANCERS IN THE WORLD, AND ITS DIVERSE REPERTORY IS UNPARALLELED IN MODERN DANCE A TYPICAL ALVIN AILEY AMERICAN DANCE THEATER SEASON INCLUDES A U S TOUR TO OVER 20 CITIES, EXTENSIVE INTERNATIONAL TOURING, AND TWO ENGAGEMENTS IN ITS HOME BASE OF NEW YORK CITY A SPRING ENGAGEMENT AT LINCOLN CENTER AND A 5-WEEK WINTER ENGAGEMENT AT NEW YORK CITY CENTER, WHERE AILEY IS THE PRINCIPAL DANCE COMPANY AND HAS APPEARED ANNUALLY SINCE 1972

**4b** (Code ) (Expenses \$ 1,941,045 including grants of \$ 77,400 ) (Revenue \$ 1,076,417 )  
 AILEY II - LAUNCHED BY MR AILEY IN 1974, AILEY II IS NOW UNIVERSALLY RENOWNED FOR MERGING THE COUNTRY'S BEST YOUNG DANCE TALENT WITH THE CREATIVE VISION OF TODAY'S MOST OUTSTANDING EMERGING CHOREOGRAPHERS AILEY II IS COMPRISED OF 12 OF THE AILEY SCHOOL'S MOST PROMISING SCHOLARSHIP STUDENTS AND REACHES AUDIENCES IN MORE THAN 40 CITIES EACH YEAR ACROSS THE U S AND ABROAD THE COMPANY OFFERS ITS DANCERS INVALUABLE PERFORMING AND TEACHING EXPERIENCE AND CRUCIAL TRAINING, CREATING A BRIDGE FROM THE CLASSROOM TO THE STAGE

**4c** (Code ) (Expenses \$ 11,905,942 including grants of \$ 1,666,310 ) (Revenue \$ 10,403,683 )  
 AILEY EDUCATION AND OUTREACH PROGRAMS - THROUGH THE AILEY SCHOOL, ITS EXTENSIVE ARTS IN EDUCATION PROGRAMS, AND THE AILEY EXTENSION, THE ORGANIZATION IS COMMITTED TO BRINGING DANCE INTO THE LIVES OF INDIVIDUALS OF ALL AGES AND BACKGROUNDS FOUNDED IN 1969, THE AILEY SCHOOL IS AN ACCREDITED INSTITUTIONAL MEMBER OF THE NATIONAL ASSOCIATION OF SCHOOLS OF DANCE AND SERVES AS THE OFFICIAL SCHOOL OF THE ALVIN AILEY AMERICAN DANCE THEATER THE SCHOOL OFFERS MORE THAN 300 CLASSES WEEKLY FOR AGES 3 THROUGH 25 IN A BROAD RANGE OF DANCE TECHNIQUES THE SCHOOL'S SCHOLARSHIP PROGRAM PROVIDES ASSISTANCE FOR TALENTED AND DESERVING STUDENTS, OVER 200 SCHOLARSHIPS ARE AWARDED EACH YEAR AND THE MAJORITY OF FINANCIAL ASSISTANCE GOES TO MINORITY STUDENTS IN CONJUNCTION WITH FORDHAM UNIVERSITY, THE AILEY SCHOOL ALSO OFFERS A BACHELOR OF FINE ARTS DEGREE IN DANCE EACH YEAR, AILEY ARTS IN EDUCATION AND COMMUNITY PROGRAMS PROVIDE YOUNG PEOPLE FROM DIVERSE CULTURAL AND ECONOMIC BACKGROUNDS THE OPPORTUNITY TO EXPLORE THEIR CREATIVE POTENTIAL, BUILD SELF-ESTEEM, AND DEVELOP LIFE-SKILLS SUCH AS TEAMWORK AND SELF-DISCIPLINE PROGRAMS INCLUDE AILEYCAMP, A UNIQUE SUMMER DAY CAMP PROGRAM FOR UNDERSERVED CHILDREN IN MAJOR CITIES ACROSS THE UNITED STATES, AILEYDANCE KIDS, WHICH PRESENTS DANCE CLASSES AND CROSS-CURRICULAR LESSONS TO APPROXIMATELY 4,000 PUBLIC SCHOOL STUDENTS IN NY AND NJ, REVELATIONS AN INTERDISCIPLINARY APPROACH, A CURRICULUM-BASED INITIATIVE THAT USES ALVIN AILEY AMERICAN DANCE THEATER'S SIGNATURE PIECE TO TEACH ACADEMIC SUBJECTS IN CLASSROOMS ACROSS THE COUNTRY THE AILEY EXTENSION OFFERS DANCE AND FITNESS CLASSES OPEN TO THE PUBLIC, WITH MORE THAN 80 CLASSES EACH WEEK IN A VARIETY OF TECHNIQUES INCLUDING HORTON, BALLET, WEST AFRICAN, AND ZUMBA SINCE ITS INCEPTION IN 2005, MORE THAN 70,000 PEOPLE HAVE TAKEN CLASSES THROUGH THE AILEY EXTENSION

(Code ) (Expenses \$ 854,913 including grants of \$ ) (Revenue \$ 684,067 )  
 ANCILLARY ON-SITE COMMUNITY PROGRAMS

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 854,913 including grants of \$ ) (Revenue \$ 684,067 )

**4e Total program service expenses** 30,595,901

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . <input checked="" type="checkbox"/>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . <input checked="" type="checkbox"/>	<b>22</b>	Yes	
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . . <input checked="" type="checkbox"/>	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . . <input checked="" type="checkbox"/>	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . . <input checked="" type="checkbox"/>	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . <input checked="" type="checkbox"/>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 221		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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. <b>2a</b> 801		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders. <b>11a</b>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>13b</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. <b>13b</b>		
<b>13c</b>	Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, FL, IL, MA, MD, NC, NJ, NY, PA, VA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAMELA ROBINSON 405 WEST 55TH STREET NEW YORK, NY 10019 (212) 405-9000





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	3,809,770				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	493,480				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	5,643,786				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	531,373				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	9,947,036				
<b>Program Service Revenue</b>	<b>2a</b>	PERFORMANCE FEES	12,034,587	12,034,587			
	<b>b</b>	TUITION & TEACHING FEES	9,622,687	9,622,687			
	<b>c</b>	STUDIO INCOME	736,236	610,902	43,353	81,981	
	<b>d</b>	STUDENT FEES	636,787	636,787			
	<b>e</b>	SCHOOL TICKET SALES	144,209	144,209			
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	23,174,506				
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	1,724,571			1,724,571
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b>		Royalties . . . . .	100,637			100,637	
<b>6a</b>		Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
<b>d</b>		Net rental income or (loss) . . . . .					
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities	39,302,065	175,000		
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	36,846,932	175,000		
			<b>c</b> Gain or (loss)	2,455,133	0		
<b>d</b>		Net gain or (loss) . . . . .	2,455,133			2,455,133	
<b>8a</b>		Gross income from fundraising events (not including \$ 3,809,770 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>a</b>			341,329				
<b>b</b>	Less direct expenses . . . . . <b>b</b>		1,175,549				
<b>c</b>	Net income or (loss) from fundraising events . . . . .	-834,220			-834,220		
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>a</b>							
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
	Miscellaneous Revenue	Business Code					
<b>11a</b>	RELATED MERCHANDISE SALES	711120	73,165	73,165			
<b>b</b>	MISC INCOME	900099	66,444		66,444		
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		139,609				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		36,707,272	23,122,337	43,353	3,594,546	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22.	1,743,710	1,743,710		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b>	Benefits paid to or for members.				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees.	2,035,315	874,092	1,161,223	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b>	Other salaries and wages.	13,375,580	11,371,891	999,479	1,004,210
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	409,045	373,067	15,583	20,395
<b>9</b>	Other employee benefits.	2,050,571	1,656,367	253,734	140,470
<b>10</b>	Payroll taxes.	1,126,842	921,157	127,300	78,385
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management.				
<b>b</b>	Legal.	38,277		38,277	
<b>c</b>	Accounting.	130,798		130,798	
<b>d</b>	Lobbying.				
<b>e</b>	Professional fundraising services. See Part IV, line 17.				
<b>f</b>	Investment management fees.	265,947		265,947	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,841,129	3,425,652	275,600	139,877
<b>12</b>	Advertising and promotion.	1,712,414	1,712,414		
<b>13</b>	Office expenses.	581,148	279,293	114,167	187,688
<b>14</b>	Information technology.	204,041	142,649	41,530	19,862
<b>15</b>	Royalties.	158,394	158,394		
<b>16</b>	Occupancy.	2,518,885	2,200,845	265,070	52,970
<b>17</b>	Travel.	2,746,894	2,666,757	50,595	29,542
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b>	Conferences, conventions, and meetings.				
<b>20</b>	Interest.	178,048	153,121	17,805	7,122
<b>21</b>	Payments to affiliates.				
<b>22</b>	Depreciation, depletion, and amortization.	1,746,686	1,502,150	174,669	69,867
<b>23</b>	Insurance.	188,555	159,430	28,922	203
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	DEBT SRVC & OTHER FEES	529,446	125,880	373,341	30,225
<b>b</b>	PRODUCTION & SCENERY	404,403	404,403		
<b>c</b>	EQUIPMENT RENTAL	355,861	355,861		
<b>d</b>	COSTUMES & WARDROBE	318,741	318,741		
<b>e</b>	All other expenses	430,204	50,027	16,334	363,843
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e.	37,090,934	30,595,901	4,350,374	2,144,659
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,420,512	<b>1</b>	7,653,710
	<b>2</b> Savings and temporary cash investments . . . . .	8,414,254	<b>2</b>	9,329,663
	<b>3</b> Pledges and grants receivable, net . . . . .	5,320,418	<b>3</b>	3,834,098
	<b>4</b> Accounts receivable, net . . . . .	1,426,189	<b>4</b>	1,503,472
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	15,893	<b>8</b>	15,893
	<b>9</b> Prepaid expenses and deferred charges . . . . .	239,509	<b>9</b>	301,823
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 52,996,357		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 14,550,711	39,588,633	<b>10c</b> 38,445,646
	<b>11</b> Investments—publicly traded securities . . . . .	78,082,331	<b>11</b>	85,763,274
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	15,326,415	<b>12</b>	21,164,643
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,575,579	<b>15</b>	2,394,640
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	162,409,733	<b>16</b>	170,406,862	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,990,836	<b>17</b>	4,064,832
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,970,742	<b>19</b>	2,473,850
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	13,831,433	<b>25</b>	13,298,321
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	20,793,011	<b>26</b>	19,837,003
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	79,310,454	<b>27</b>	85,162,434
	<b>28</b> Temporarily restricted net assets . . . . .	17,578,933	<b>28</b>	20,616,076
	<b>29</b> Permanently restricted net assets . . . . .	44,727,335	<b>29</b>	44,791,349
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	141,616,722	<b>33</b>	150,569,859	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	162,409,733	<b>34</b>	170,406,862	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	36,707,272
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	37,090,934
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-383,662
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	141,616,722
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,336,799
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	150,569,859

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-2584273  
**Name:** ALVIN AILEY DANCE FOUNDATION INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOAN H WEILL CHAIR	10 00	X		X				0	0	0
DARIA L WALLACH PRESIDENT	8 00	X		X				0	0	0
SIMIN N ALLISON VICE-CHAIR	5 00	X		X				0	0	0
DEBRA L LEE VICE-CHAIR	5 00	X		X				0	0	0
LINDA M LINDENBAUM VICE-CHAIR	5 00	X		X				0	0	0
ARTHUR J MIRANTE II VICE-CHAIR	5 00	X		X				0	0	0
JOHN H SCHAEFER VICE-CHAIR	5 00	X		X				0	0	0
JAMES G ABRUZZO TRUSTEE	5 00	X						0	0	0
GINA F ADAMS TRUSTEE	5 00	X						0	0	0
FRANK R AHIMAZ TRUSTEE	5 00	X						0	0	0
ELEANOR S APPLEWHITE ESQ TRUSTEE	5 00	X						0	0	0
ROBERT BATTLE TRUSTEE/ARTISTIC DIRECTOR	50 00	X						362,262	0	20,850
NICOLE A BERNARD TRUSTEE	5 00	X						0	0	0
ANTHONY M CARVETTE TRUSTEE (THRU 06/30/14)	5 00	X						0	0	0
KATHRYN C CHENAULT TRUSTEE	5 00	X						0	0	0
ANITA-AGNES O HASSELL TRUSTEE	5 00	X						0	0	0
JENNY IRELAND TRUSTEE	5 00	X						0	0	0
ANTHONY S KENDALL TRUSTEE	5 00	X						0	0	0
ROBERT KISSANE TRUSTEE	5 00	X						0	0	0
MICHELLE Y LEE TRUSTEE	5 00	X						0	0	0
NATASHA LEIBEL LEVINE MD TRUSTEE	5 00	X						0	0	0
ANTHONY A LEWIS TRUSTEE	5 00	X						0	0	0
LESLIE L MAHERAS TRUSTEE	5 00	X						0	0	0
HENRY MCGEE TRUSTEE	5 00	X						0	0	0
STEPHEN J MERINGOFF FROM 114 TRUSTEE	5 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID E MONN THRU 0114 TRUSTEE	5 00	X						0	0	0
GABRIELLA E MORRIS TRUSTEE	5 00	X						0	0	0
MARYLIN L PRINCE TRUSTEE	5 00	X						0	0	0
STANLEY PLESENT ESQ TRUSTEE	5 00	X						0	0	0
ROBIN C ROYALS TRUSTEE	5 00	X						0	0	0
RICHARD SPECIALE TRUSTEE	5 00	X						0	0	0
MARC S STRACHAN FROM 114 TRUSTEE	5 00	X						0	0	0
LEMAR SWINNEY TRUSTEE	5 00	X						0	0	0
BENNETT RINK EXECUTIVE DIRECTOR	40 00			X				341,977	0	31,023
PAMELA ROBINSON CFO/TREASURER	40 00			X				225,300	0	156,312
ELENA PAUL DIR OF LEGAL & BUS AFFAIRS/BOARD SEC'T	40 00			X				175,454	0	17,713
MASAZUMI CHAYA ASSOCIATE ARTISTIC DIRECTOR	40 00				X			525,099	0	288,235
CALVIN HUNT SENIOR DIRECTOR OF PERF & PRODUCTION	40 00				X			219,274	0	134,367
THOMAS COTT DIRECTOR OF MARKETING	40 00					X		203,591	0	18,509
CHRISTOPHER ZUNNER DIRECTOR OF PUBLIC RELATIONS	40 00					X		180,428	0	15,788
TRACY INMAN CO-DIRECTOR/AILEY SCHOOL	40 00					X		136,259	0	16,324
MELANIE PERSON CO-DIRECTOR/AILEY SCHOOL	40 00					X		135,249	0	15,911
MICHAEL CANAROZZI FACILITIES MANAGER	40 00					X		113,203	0	32,369
SHARON LUCKMAN EXEC DIR/SECRETARY	0 00						X	231,923	0	10,327
JUDITH JAMISON ARTISTIC DIRECTOR EMERITA	10 00						X	150,182	0	0

**SCHEDULE A**  
(Form 990 or 990EZ)

**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.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ALVIN AILEY DANCE FOUNDATION INC

**Employer identification number**  
13-2584273

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
**(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**(ii)** A family member of a person described in (i) above?  
**(iii)** A 35% controlled entity of a person described in (i) or (ii) above?  
**h** Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,564,613	11,957,843	14,322,871	10,848,634	9,947,036	57,640,997
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18,006,738	21,815,843	22,961,068	23,484,920	23,122,337	109,390,906
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	28,571,351	33,773,686	37,283,939	34,333,554	33,069,373	167,031,903
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	4,605,696	5,626,822	10,801,940	2,176,470	4,512,945	27,723,873
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	4,605,696	5,626,822	10,801,940	2,176,470	4,512,945	27,723,873
<b>8 Public support</b> (Subtract line 7c from line 6 )						139,308,030

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	28,571,351	33,773,686	37,283,939	34,333,554	33,069,373	167,031,903
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,310,536	1,790,658	1,991,133	2,400,624	1,825,208	10,318,159
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,310,536	1,790,658	1,991,133	2,400,624	1,825,208	10,318,159
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	61,723	30,931	33,072	74,780	66,444	266,950
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	30,943,610	35,595,275	39,308,144	36,808,958	34,961,025	177,617,012
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	78.430%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	80.560%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	5.810%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	6.300%

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ALVIN AILEY DANCE FOUNDATION INC

Employer identification number 13-2584273

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	54,960,243	48,550,319	43,594,415	37,287,514	30,168,886
<b>b</b> Contributions . . . . .	2,269,825	3,572,766	6,782,071	2,894,110	2,897,362
<b>c</b> Net investment earnings, gains, and losses	8,317,733	4,937,785	-1,183,022	3,884,825	5,070,489
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	2,291,375	2,100,627	643,145	472,034	849,223
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	63,256,426	54,960,243	48,550,319	43,594,415	37,287,514

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

- a** Board designated or quasi-endowment  22 000 %
  - b** Permanent endowment  66 000 %
  - c** Temporarily restricted endowment  12 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		9,334,293		9,334,293
<b>b</b> Buildings . . . . .		33,217,781	7,959,469	25,258,312
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		10,444,283	6,591,242	3,853,041
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				38,445,646



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	44,904,630
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	9,336,799
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	522,991
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-1,396,485
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	8,463,305
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	36,441,325
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	265,947
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	265,947
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	36,707,272

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	35,951,493
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	522,991
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	522,991
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	35,428,502
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	265,947
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,396,485
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,662,432
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	37,090,934

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD(S) AS WELL AS BOARD-DESIGNATED FUNDS.
PART X, LINE 2	THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE AND LOCAL INCOME TAXES. THE FOUNDATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. AS A NOT-FOR-PROFIT ENTITY, THE FOUNDATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT), IF APPLICABLE. MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIAL STATEMENTS. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR TAX YEARS BEFORE 2011, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.
PART XI, LINE 2D - OTHER ADJUSTMENTS	TUITION REMISSIONS & OTHER GRANTS -1,396,485
PART XII, LINE 4B - OTHER ADJUSTMENTS	TUITION REMISSIONS & OTHER GRANTS 1,396,485



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALVIN AILEY DANCE FOUNDATION INC

**Employer identification number**  
13-2584273

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	DANCE PERFORMANCES	488,172
( 2 ) SOUTH AMERICA	0	0	PROGRAM SERVICES	DANCE PERFORMANCES	658,676
( 3 ) NORTH AMERICA	0	0	PROGRAM SERVICES	DANCE PERFORMANCES	93,962
( 4 ) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		21,164,643
( 5 )					
<b>3a</b> Sub-total	0	0			22,405,453
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			22,405,453

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-2584273

**Name:** ALVIN AILEY DANCE FOUNDATION INC

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### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization ALVIN AILEY DANCE FOUNDATION INC

Employer identification number

13-2584273

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ONG DINNER</u> (event type)	<u>SPRING DINNER</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	2,429,589	973,043	748,467	4,151,099
	<b>2</b> Less Contributions . . . . .	2,261,765	881,693	666,312	3,809,770
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	167,824	91,350	82,155	341,329
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .			9,600	9,600
	<b>7</b> Food and beverages . . . . .	140,586	116,693	128,158	385,437
	<b>8</b> Entertainment . . . . .			7,720	7,720
	<b>9</b> Other direct expenses . . . . .	281,592	324,557	166,643	772,792
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					-834,220

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Attach to Form 990

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

Open to Public Inspection

Name of the organization ALVIN AILEY DANCE FOUNDATION INC

Employer identification number 13-2584273

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
(1) TUITION REMISSION	145	1,119,289			
(2) LIVING STIPENDS	42	418,421			
(3) TUITION ASSISTANCE	21	206,000			

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

Return Reference	Explanation
PART I, LINE 2	STUDENT AID IS GIVEN IN THE FORM OF TUITION REMISSION, WHICH IS APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT OTHER AID IS GIVEN THROUGH CASH STIPENDS FOR LIVING EXPENSES THIS AID IS DISBURSED EACH SEMESTER WHEN THE STUDENT ARRIVES THE STUDENT MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS IN ALL OF THEIR CLASSES

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALVIN AILEY DANCE FOUNDATION INC

Employer identification number

13-2584273

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel                       | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                               | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                      | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

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

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

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

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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.

Return Reference	Explanation
PART I, LINE 1A	A HOUSING ALLOWANCE AND PAYMENTS TO OFFSET TAX CONSEQUENCES WERE PAID TO THE ARTISTIC DIRECTOR EMERITA THESE AMOUNTS ARE INCLUDED IN "OTHER REPORTABLE COMPENSATION" AND REPORTED ON THE W2
PART I, LINE 4B	THE ASSOCIATE ARTISTIC DIRECTOR HAD AN AGREEMENT WITH THE FOUNDATION TO BE PROVIDED A SUPPLEMENTAL RETIREMENT PENSION PAYMENT THE AGREEMENT COVERED THE PERIOD FROM JULY 1, 2010 TO JUNE 30, 2014 THE PAYMENT OF \$1,060,000 WAS TO BE MADE TO HIM OR TO HIS DESIGNATED DEATH BENEFICIARY/IES, AS THE CASE MAY BE, ON OR AS SOON AS PRACTICABLE AFTER JUNE 30, 2014, UNLESS AN EARLIER TERMINATION OF EMPLOYMENT OCCURRED DUE TO DEATH, DISABILITY OR INVOLUNTARY TERMINATION BY AADF WITHOUT CAUSE OR UNDER CIRCUMSTANCES THAT WOULD GRANT UNPAID LEAVE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993 INCLUDED ON SCHEDULE J, PART II, COLUMN C IS \$265,000, WHICH REPRESENTS 1/4 OF THE TOTAL AMOUNT LISTED ABOVE THIS AMOUNT HAD NOT BE PAID AS OF JUNE 30, 2014 AND IS ONLY INCLUDED RATABLY UNDER THE PERIOD THE SERVICES ARE TO BE PERFORMED UNDER THE CONTRACT, PER THE INSTRUCTIONS FOR SCHEDULE J THE FOUNDATION ENTERED INTO PAY TO STAY AGREEMENTS WITH THREE OF ITS SENIOR STAFF, THE SENIOR DIRECTOR OF PERFORMANCE & PRODUCTION, THE CFO AND THE EXECUTIVE DIRECTOR (FORMERLY SENIOR DIRECTOR OF EXTERNAL AFFAIRS) THE AGREEMENTS PROVIDED THE PARTICIPANTS WITH THE INCENTIVE TO REMAIN WITH THE FOUNDATION FOR A PERIOD OF TIME, COVERED IN THE AGREEMENT DURING THE TRANSITION OF A NEW EXECUTIVE DIRECTOR THE EFFECTIVE DATE OF THE AGREEMENTS WAS APRIL 1, 2012 AND ENDED ON VARIOUS DATES, ALL WITHIN THE 2014 CALENDAR YEAR EACH PARTICIPANT WAS TO RECEIVE A SINGLE LUMP SUM PAYMENT, LESS TAX WITHHOLDINGS, AS SOON AS PRACTICABLE FOLLOWING THE PARTICIPANT'S PAYMENT DATE, PROVIDED THE PARTICIPANT MAINTAINED ACTIVE PARTICIPATORY EMPLOYMENT WITH THE FOUNDATION THROUGH HIS/HER PAYMENT DATE IN THE EVENT OF INVOLUNTARY TERMINATION FOR REASONS OTHER THAN CAUSE, DEATH OR DISABILITY IN THE CASE OF ONE AGREEMENT, IF THE PARTICIPANT WAS OFFERED THE POSITION OF EXECUTIVE DIRECTOR, THE PARTICIPANT WAS TO RECEIVE THE APPLICABLE PORTION OF THE PLAN BENEFIT PAYOUT AMOUNTS UNDER THE AGREEMENTS RANGED FROM \$250,000 AND \$310,000 ALL OBLIGATIONS WERE SATISFIED IN FISCAL YEAR 2014 IN ACCORDANCE WITH THE CONTRACT, THE AGREEMENT TERMINATED WITH RESPECT TO THE EXECUTIVE DIRECTOR UPON HIS APPOINTMENT TO THAT POSITION INCLUDED ON SCHEDULE J, PART II, COLUMN C IS THE ACCRUED PORTION, FOR CALENDAR YEAR 2013, OF EACH PARTICIPANT'S PAYMENT AMOUNT, AS LISTED ABOVE THIS AMOUNT HAS NOT BEEN PAID AND HAS ONLY BEEN INCLUDED RATABLY UNDER THE PERIOD THE SERVICES ARE TO BE PERFORMED UNDER THE AGREEMENT, PER THE INSTRUCTIONS FOR SCHEDULE J
FORM 990, PART VII & SCHEDULE J, PART II	THE FORMER EXECUTIVE DIRECTOR HAD AN EMPLOYMENT CONTRACT WITH THE FOUNDATION COVERING THE PERIOD FROM JULY 1, 2009 TO JUNE 30, 2013 OBLIGATIONS UNDER THE CONTRACT WERE FULLY SATISFIED IN CALENDAR YEAR 2013

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-2584273  
**Name:** ALVIN AILEY DANCE FOUNDATION INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT BATTLE TRUSTEE/ARTISTIC DIRECTOR	(i) (ii)	362,262 0	0 0	0 0	7,650 0	13,200 0	383,112 0	0 0
BENNETT RINK EXECUTIVE DIRECTOR	(i) (ii)	334,242 0	0 0	7,735 0	7,418 0	23,605 0	373,000 0	0 0
PAMELA ROBINSON CFO/TREASURER	(i) (ii)	225,300 0	0 0	0 0	127,391 0	28,921 0	381,612 0	0 0
ELENA PAUL DIR OF LEGAL & BUS AFFAIRS/BOARD SEC	(i) (ii)	175,454 0	0 0	0 0	1,961 0	15,752 0	193,167 0	0 0
MASAZUMI CHAYA ASSOCIATE ARTISTIC DIRECTOR	(i) (ii)	264,099 0	0 0	261,000 0	272,367 0	15,868 0	813,334 0	0 0
CALVIN HUNT SENIOR DIRECTOR OF PERF & PRODUCTION	(i) (ii)	219,274 0	0 0	0 0	117,941 0	16,426 0	353,641 0	0 0
THOMAS COTT DIRECTOR OF MARKETING	(i) (ii)	203,591 0	0 0	0 0	6,228 0	12,281 0	222,100 0	0 0
CHRISTOPHER ZUNNER DIRECTOR OF PUBLIC RELATIONS	(i) (ii)	180,428 0	0 0	0 0	5,468 0	10,320 0	196,216 0	0 0
TRACY INMAN CO- DIRECTOR/AILEY SCHOOL	(i) (ii)	136,259 0	0 0	0 0	4,184 0	12,140 0	152,583 0	0 0
MELANIE PERSON CO-DIRECTOR/AILEY SCHOOL	(i) (ii)	135,249 0	0 0	0 0	4,142 0	11,769 0	151,160 0	0 0
SHARON LUCKMAN EXEC DIR/SECRETARY	(i) (ii)	231,923 0	0 0	0 0	7,125 0	3,202 0	242,250 0	0 0
JUDITH JAMISON ARTISTIC DIRECTOR EMERITA	(i) (ii)	0 0	0 0	150,182 0	0 0	0 0	150,182 0	0 0

**Schedule K  
(Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALVIN AILEY DANCE FOUNDATION INC

Employer identification number  
13-2584273

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> TRUST FOR CULTURAL RESOURCES OF THE CITY OF NEW YORK	91-1882413	649717MV4	11-06-2003	20,000,000	TO FINANCE PART OF THE CONSTRUCTION COSTS OF THE ORGANIZATION'S FACILITIES		X		X		X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired				
<b>2</b> Amount of bonds legally defeased				
<b>3</b> Total proceeds of issue	20,000,000			
<b>4</b> Gross proceeds in reserve funds				
<b>5</b> Capitalized interest from proceeds	626,103			
<b>6</b> Proceeds in refunding escrows				
<b>7</b> Issuance costs from proceeds	440,173			
<b>8</b> Credit enhancement from proceeds				
<b>9</b> Working capital expenditures from proceeds				
<b>10</b> Capital expenditures from proceeds	18,762,525			
<b>11</b> Other spent proceeds	171,200			
<b>12</b> Other unspent proceeds				
<b>13</b> Year of substantial completion	2007			
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X		
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		
<b>16</b> Has the final allocation of proceeds been made?	X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 000 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	1 000 %							
<b>6</b> Total of lines 4 and 5	2 000 %							
<b>7</b> Does the bond issue meet the private security or payment test?		X						
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T?		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X						
<b>b</b> Exception to rebate?		X						
<b>c</b> No rebate due?	X							
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME TRUST FOR CULTURAL RESOURCES OF THE CITY OF NEW YORK DATE THE REBATE COMPUTATION WAS PERFORMED 12/20/2013

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization ALVIN AILEY DANCE FOUNDATION INC

Employer identification number

13-2584273

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Securities, etc.

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

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution policies and reporting.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS ABOVE REPRESENTS THE NUMBER OF DONORS OF NON-CASH ITEMS DURING THE FISCAL YEAR ENDED JUNE 30, 2014

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public  
Inspection**

Name of the organization  
ALVIN AILEY DANCE FOUNDATION INC

Employer identification number

13-2584273

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE CONFLICT OF INTEREST POLICY IS SENT TO EACH MEMBER OF THE BOARD, AS WELL AS THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES. THE POLICY IS REVIEWED AND DISCUSSED AT ONE BOARD MEETING EACH YEAR. INDIVIDUALS ARE REQUIRED TO COMPLETE AND RETURN A QUESTIONNAIRE WHICH WOULD NOTE ANY NECESSARY DISCLOSURES OR CONFLICTS. THE CFO REVIEWS EACH COMPLETED QUESTIONNAIRE AND, IF A CONFLICT ARISES, THE CFO WILL BRING THE MATTER TO THE ATTENTION OF THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE DESIGNATED BY THE BOARD PERFORMS DUE DILIGENCE ON APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR APPROVAL. THE COMPENSATION COMMITTEE SEEKS DIRECTION AND ADVICE FROM OUTSIDE COUNSEL, WHO SPECIALIZE IN EXECUTIVE COMPENSATION, AND FROM CONSULTANTS WHO PERFORM BENCHMARKING ANALYSIS TO ASSIST IN DEVELOPING THE RECOMMENDATION. THE EXECUTIVE COMMITTEE MEETS WITH THE COMPENSATION COMMITTEE AND COUNSEL TO REVIEW THE PROPOSED COMPENSATION AND PERFORMS INTERNAL BENCHMARKING FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION USING PUBLISHED SURVEYS AND OTHER RESOURCES. SALARY RECOMMENDATIONS ARE PROPOSED BY THE EXECUTIVE DIRECTOR OR TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19	THE IRS FORM 990 IS AVAILABLE UPON REQUEST AND ALSO ON WEBSITES SUCH AS GUIDESTAR.ORG.GOV. EARNING DOCUMENTS, SUCH AS THE CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS, ARE NOT AVAILABLE TO THE GENERAL PUBLIC.
FORM 990, PART VII	THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO REPORTING, IS REPORTING ALL BENEFITS IN FULL IN PART VII, COLUMN F, AND NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.
FORM 990, PART VII & SCHEDULE J	ROBERT BATTLE, ARTISTIC DIRECTOR & TRUSTEE, IS COMPENSATED FOR HIS SERVICE TO THE ORGANIZATION AS THE ARTISTIC DIRECTOR, NOT FOR HIS SERVICE AS A TRUSTEE.
FORM 990, PART IX, LINE 11G	COMMISSIONS TO AGENTS PROGRAM SERVICE EXPENSES 655,277 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 655,277 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 2,770,375 MANAGEMENT AND GENERAL EXPENSES 275,600 FUNDRAISING EXPENSES 139,877 TOTAL EXPENSES 3,185,852